Mansfield Autism Statewide Services
First Aid Policy and Procedures

HS11	Healthy and Safe Services	First Aid Policy and Procedures

What this policy aims to do	Ensure MASS is able to provide appropriate first aid to their clients.
Who this policy applies to	All MASS staff delivering services to clients
Who is responsible for carrying out this policy	CEO, Team Leaders and First Aid Officers
What words used in this policy mean	*First aid* is the immediate treatment or care given to a person suffering from an injury or illness until more advanced care is provided or the person recovers. *First aid officer* is a person who has successfully completed a nationally accredited training course or an equivalent level of training that has given them the competencies required to administer first aid. *First aid equipment* includes first aid kits and other equipment used to treat injuries and illnesses. First aid facilities include first aid rooms, health centres, clean water supplies and other facilities needed for administering first aid.
Legislation this policy is based on	Occupational Health and Safety Act 2004 Occupational Health and Safety Regulations 2007 (Vic) Education and Training Reform Act 2006 (Vic) Education and Training Reform Regulations (2017) Victorian Registration and Qualifications Authority (VRQA) Minimum Standards Ministerial Order No. 706 (MO706) WorkSafe Compliance Code – First Aid in the Workplace Occupational Health and Safety Regulations 2017 Equipment (Public Safety) Regulations 2017 Health (Immunisation) Regulations 1999 (Vic) NDIS Practice Standards Nov 2021
Other relevant policies	HS1 Client Health Care Needs HS2 Medication Safety HS3 Health and Wellness

	HS6 Duty of Care Policy HS12 Client Incident Reporting.

Version	Date	Author/Editor	Approved by	Notes
1.0	25/2/2019	D Stephenson		New Policy
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1.2	14/02/2022	C Trenfield	S Reeves	Annual Review, Changed Director to CEO
1.3	01/02/2023	T de Vries	S Reeves	Incorporate VRQA feedback on anaphylaxis policy
1.4	12/12/2023	T de Vries	S Reeves	Annual review, re-brand, refine, add table of contents

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1. First Aid Policy

MASS has a duty of care to their clients to provide a healthy and safe environment. MASS clients have the right to feel safe and well, knowing that they will be attended to with due care when in the need of first aid. See *HS6 Duty of Care Policy* for more information.

All MASS staff that have contact with clients are required to undertake first aid training including anaphylaxis training, hold a current HLTAID004 and be competent in Cardio-Pulmonary Resuscitation (CPR). MASS staff will also have training in the treatment of asthma and epilepsy as required for clients.

Parents/carers have the primary responsibility for the health of their children. The aim of the first aid policy is not to diagnose or treat a medical condition. Parents/carers are responsible for providing MASS with accurate and up-to-date information about the client's health needs and the management of medical conditions.

MASS will undergo a first aid risk assessment that is updated on an annual basis. The assessment includes considering the type of work performed, the potential for illnesses and life-threatening injuries, the size and layout of the workplace, the number of employees, clients and volunteers, and the location of the site and access to medical facilities and ambulance services.

Assessment and First Aid of Asthma

All clients with a diagnosis of asthma must have a written Asthma Action Plan.

For clients with asthma or asthma-like symptoms, MASS will:

- Ask parents to provide MASS with an Asthma Action Plan completed by the client's medical practitioner
- Ensure all staff with a duty of care for clients are trained to assess and manage an asthma emergency and complete an Asthma Education session at least every three years.
- Ensure those staff with a direct client responsibility have completed an accredited Emergency Asthma Management (EAM) course at least every three years.
- Act on advice and warnings associated with a thunderstorm asthma activity.
- provide equipment to manage an asthma emergency in the form of an Asthma Emergency Kit.

Assessment and First Aid of Anaphylaxis

MASS CEO has overall responsibility for implementing strategies and processes for ensuring a safe and supporting environment for clients at risk of anaphylaxis. All MASS

staff (including school staff, office staff, client support staff) are trained in managing anaphylaxis.

MASS will comply with MO706 and associated guidelines, and guidelines related to anaphylaxis management in schools as published by the Department of Education and Training in order to provide appropriate care for any student at risk of anaphylaxis.

For clients with anaphylaxis, MASS will:

- Ensure anaphylaxis management plans are in place for any client with anaphylaxis and reviewed regularly
- Ensure that the first aid policy and anaphylaxis management plans are followed in the event of an anaphylactic reaction
- Ensure staff are trained appropriately in recognising and responding appropriately to an anaphylactic reaction, including competently administering an EpiPen.
- Implement prevention strategies to minimise risks and complete an annual anaphylaxis risk management checklist
- Communicate with staff, clients, families and the local community to raise awareness about severe allergies and anaphylaxis management, and this policy.

All anaphylaxis management enquiries can be directed to the **Royal Children's Hospital Anaphylaxis Advisory Line on 1300 725 911**.

Assessment and First Aid for Epilepsy

For clients with epilepsy, MASS will:

- Implement strategies to assist students with epilepsy according to their specific needs.
- Ensure appropriate health and management plans are in place for students with epilepsy. An Epilepsy Management Plan is required for clients diagnosed with epilepsy and will be signed by their medical practitioner and provided to MASS by the parents/carers.
- Ensure staff will be trained by a recognised epilepsy provider to provide medical assistance in accordance with that plan.
- Have a copy of the current Emergency Medication Management Plan (EMMP) signed by a medical practitioner and provided by the client's parents/carers, if emergency medication has been prescribed.

A client health support plan will be developed by MASS in consultation with epilepsy support provider, parent/carer and the client's treating medical team.
MASS will also provide appropriate emergency first aid response and post seizure support when a client has a non-epileptic seizure event.

The administration of medication is addressed in HS2 Medication Safety.

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Emergency procedures are addressed in MFE1 Emergency Management.

Managing known illness or injuries that are not first aid incidents are addressed in HS1 Client Health Care Needs

2. General First Aid Procedures

2.1. Responding to incident or accident

If there is an incident or accident that requires first aid, certified MASS staff will:

- ☑ Advise the Person on Call.
- ☑ Administer first aid in accordance with their training and in an emergency situation other staff may assist in the administration of first aid within their level of competence.
- ☑ Take emergency action in a medical emergency and do not need to obtain parent/carer consent to do so. Staff may contact Triple Zero "000" for emergency services at any time.
- ☑ Staff may also contact NURSE-ON-CALL (on 1 300 60 60 24) in an emergency. NURSE-ON-CALL provides immediate, expert health advice from a registered nurse and is available 24 hours a day, 7 days a week.
- ☑ If first aid is administered for a minor injury or condition, MASS will notify parents/carers/guardians by phone.
- ☑ If first aid is administered for a serious injury or condition, or in an emergency situation, MASS staff will attempt to contact parents/carers or their emergency contacts as soon as reasonably practical.
- ☑ If they determine that an emergency response is not required but that medical advice is needed, MASS will contact the parents/carers of day clients, to ask them to collect the client and recommend that advice is sought from a medical practitioner. Clients who are in a residential placement will be treated according to HS1 Managing Client Illness and Injury.
- ☑ Record the incident on the Client Incident Form (available online or hard copy).
- ☑ Record the details of the administration of first aid on the client file.

2.2. First Aid Officers

All MASS staff that have contact with clients will have a current Level 2 First Aid certificate and CPR training and will be designated MASS First Aid Officers.

MASS First Aid Officers will be competent in the provision of first aid for asthma and allergic reactions, providing medication and following infection control procedures in the management of blood or body fluids. If MASS supports a client with epilepsy, MASS will make sure all staff working with that client are trained in epilepsy.

The HR Manager will:

- ☑ Ensure all client contact staff are first aid trained and maintain a register of the staff and their training requirements and renewal dates.
- ☑ Organise training courses as required.

MASS will designate a First Aid trained staff member as the **First Aid Coordinator**. The First Aid Coordinator will be responsible for:

- ☑ Organising the annual first aid risk assessment of MASS premises.
- ☑ Ensuring there are an adequate number of first aid kits at MASS facilities and they are kept stocked as per the requirements.
- ☑ Ensure there is an appropriate space in each of the facilities to provide first aid to clients while maintaining privacy and dignity.

MASS First Aid Officers are required to:

- ☑ Participate in the First Aid Risk Assessment of MASS facilities.
- ☑ Provide first aid commensurate with competency and training. This may include all or some of emergency life support including response to life threatening conditions which may occur at MASS, management of severe bleeding, basic wound care, fractures, and soft tissue injuries.
- ☑ Record all first aid treatment in a Client Incident Report and client file.
- ☑ Provide input on first aid requirements for excursions and camps.

2.3. First Aid Risk Assessment

The Workplace Health Safety Officer and/or the First Aid Coordinator are to assess the first aid requirements of MASS facilities by completing a First Aid Risk Assessment. The assessment is to include:

- ☑ Size and layout of the workplace premises
- ☑ High risk areas
- ☑ Number of campuses/venues
- ☑ The number of employees and clients in the workplace
- ☑ The nature of the hazards
- ☑ The previous accidents/incidents and injuries
- ☑ Authorised after hours programs or shift work
- ☑ The nature and location of excursions and camps
- ☑ MASS leased/owned vehicles
- ☑ Location of the site within proximity to medical facilities.

A copy of the risk assessment is in the First Aid Tools Templates Folder.

2.4. First Aid Rooms/Sick Bay

MASS will identify a first aid room/area in each of its facilities and will inform staff and clients of its location. It should be accessible to injured persons, well lit, ventilated and

clearly identified with appropriate signage. A list of First Aid Officer details should be displayed in the first aid room/area.

The following items are the minimum requirement for a **first aid room/area**:

- ☑ Personal protective equipment (PPE) including eye protection, gloves, apron/gown
- ☑ Resuscitation mask
- ☑ Electric power points
- ☑ Sharps disposal system
- ☑ Biohazard waste container/ sanitary waste bin
- ☑ Work bench or dressing trolley
- ☑ Storage cupboards
- ☑ Sink (with hot and cold water)
- ☑ First aid kit appropriate for the workplace
- ☑ Blankets and pillows
- ☑ An upright chair
- ☑ Desk and telephone
- ☑ List of emergency telephone numbers
- ☑ First aid summary sheet or Emergency Management Contact Details Sheet clearly displayed
- ☑ Stretcher (if a need is identified using the First Aid Risk Assessment).

Automatic External Defibrillators (AED) are not normally required in first aid kits, or first aid room supplies unless the need has been identified in the first aid risk assessment. Prospective AED operators should be trained in their correct use and refresher training provided every twelve months. AED function, batteries and pads should be checked monthly and after each use.

2.5. First Aid Kit

MASS will maintain a first aid kit for each facility. The contents of the first aid kits are listed in Appendix 1.

2.6. Client Medical Information

MASS requires a client's parent/carer to provide medical information about the client that includes relevant diagnoses, treatment plans, immunisations, medications, and relevant allergies such as to latex dressings. This information should be available to First Aid Officers if required for the provision of first aid and considered private information.

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2.7. Infection and Prevention Control

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

- ☑ Cover cuts and abrasions with waterproof occlusive dressings to avoid contamination of cuts/abrasions with another person's blood and/or body fluids.
- ☑ Wear protective gloves when in contact with body 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 body fluids.
- ☑ Remove any broken glass or sharp materials with forceps or tongs and place in sharps container.
- ☑ Wash hands thoroughly after direct contact with injured person or blood/body fluids with warm soapy water, rinse, dry and sanitise hands using an alcohol-based rub or gel.

2.8. Cleaning and Sanitising

Where a blood/biological spill has occurred, the following should 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 after cleaning 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/sterilised after use.

2.9. Disposal of Contaminated Waste

Contaminated waste (e.g., dressing, 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 sharp's container. All sharps' containers must be compliant with AS 4031: Non reusable containers for the use of sharps medical items used in health care areas.

2.10. Recording the Administration of First Aid

When first aid treatment is administered to a client, the incident is to be reported onto a Client Incident Report form and into the client's file notes. See HS12 Client Incident Reporting.

3. Assessment and First Aid Treatment of an Asthma Attack

If a client develops signs of what appears to be an asthma attack, appropriate care must be given immediately.

3.1. Definition of Asthma

Asthma is a long-term lung condition and people with asthma have sensitive airways in their lungs which react to triggers, causing a flare up. In a flare up, the muscles around the airway squeeze tight, the airways swell and become narrow and there is more mucous. This makes it harder to breathe. An asthma flare up can come on slowly (over hours, days or even weeks) or very quickly (over minutes). A sudden or severe asthma flare up is sometimes called an asthma attack.

3.2. Symptoms

Symptoms of asthma can vary over time and often vary from person to person. The most common asthma symptoms are:

- Breathlessness
- Wheezing (a whistling from the chest)
- Tight feeling in the chest
- A persistent cough.

Symptoms often occur at night, early in the morning or during/just after physical activity. If asthma is well controlled, a person should only have occasional asthma symptoms.

3.3. Triggers

A trigger is something that sets off or starts asthma symptoms. Everyone with asthma has different triggers. For most people with asthma, triggers are only a problem when asthma is not well controlled with medication. Common asthma triggers are:

- Exercise
- Colds/flu
- Smoke (cigarette, wood smoke from open fires, burn offs or bushfires)
- Weather changes such as thunderstorms and cold, dry air
- House dust mites
- Moulds
- Pollens

- Animals such as cats and dogs
- Chemicals such as household cleaning products
- Deodorants, perfumes, hair spray, after shave and aerosols
- Food chemicals/additives
- Certain medications (including aspirin and anti-inflammatories)
- Emotions such as stress and laughter.

To reduce asthma triggers, MASS will aim to:

- Mow facility grounds when clients are not in residence,
- Plant a low allergen garden,
- Limit dust, for example having the carpets and curtains cleaned regularly and during out of hours, or
- Examine the cleaning products used with the potential to exacerbate an allergic reaction.

3.4. Epidemic Thunderstorm Asthma

Epidemic thunderstorm asthma events are thought to be triggered by an uncommon combination of tall grass pollen levels and a certain type of thunderstorm, resulting in large numbers of people developing asthma symptoms over a short period of time.

Those at increased risk of epidemic thunderstorm asthma include people with asthma, people with a history of asthma, those with undiagnosed asthma and includes people with hay fever who may or may not have asthma. Having both asthma and hay fever, as well as poor control or self-management of asthma increases the risk further.

To prepare for thunderstorm asthma events, MASS will:

- ☑ Monitor Vic Emergency warning for air quality and risk of thunderstorm asthma.
- ☑ Implement procedures to avoid exposure such as staying indoors with windows and doors closed.
- ☑ Ensure there is adequate and in-date reliever in the First Aid Kit and staff are trained in the administration of the Ventolin as required.
- ☑ Follow Asthma Action Plans for individual clients as required.
- ☑ Escalate action to emergency procedures if required based on the client's condition.

3.5. Individual Asthma Action Plans

For each client diagnosed with asthma, parents must provide MASS with an Asthma Action Plan completed by the client's medical practitioner. The plan must outline the client's known triggers and the emergency procedures to be taken in the event of an asthma flare up or attack.

The Asthma Action Plan should be completed/reviewed annually for each client with asthma and contain:

- The prescribed medication taken and when it is to be administered e.g., on a regular basis, as premedication to exercise and/or if the student is experiencing symptoms.
- Emergency contact details
- Contact details of the client's medical/health practitioner
- Details about deteriorating asthma including: - signs to recognise worsening symptoms – what to do during an attack – medication to be used.

An individual plan for each client diagnosed with asthma will be developed by MASS in consultation with the client's parent or carer. This becomes the Client Health Support Plan and will include the client's Asthma Action Plan. The Client Health Support Plan will identify how MASS will provide support, identify specific strategies, and allocate staff to assist the client as required.

3.6. Client Asthma Kit

Where a client is diagnosed with asthma, unless they are in permanent care, they are required to provide their own prescribed reliever medication. If the client is in full time care, MASS will ensure that the medication is provided as prescribed. This should be stored in their asthma kit with a copy of their Asthma Action Plan and their spacer and should always kept with the client.

The client's personal spacer should be washed monthly or as required. To wash the spacer:

- ☑ Wash the spacer in warm soapy water
- ☑ Do not rinse the spacer
- ☑ Leave it to air dry
- ☑ Wipe the mouthpiece before use.

The client's spacer should be replaced if contaminated with blood or vomit.

3.7. Asthma Emergency Kit

Anyone with asthma can have a severe attack, even those with mild asthma. MASS will have an Asthma Emergency Kit at each of its facilities and in Evac Packs.

If a client has an asthma attack during or after exercise or activity, follow the Asthma Action Plan if easily accessible, or commence Asthma First Aid. Always record the administration of medication and inform the parent/carer.

3.8. Asthma Medication

Most people can control their asthma by taking medication. Asthma medication is normally taken via a metered-dose inhaler (puffer) preferably in conjunction with a spacer device or via a breath-activated dry powder inhaler, and provided by the parents

or carers. Medication may be self-administered depending on the client's level of independence.

Staff should refer to the client's Asthma Action Plan to determine how to use any medication in an asthma emergency.

Common medications include:

Medication	Notes
Reliever	• Provides relief from symptoms within minutes • Used in an asthma emergency • Should be always easily accessible to clients • Is normally blue or blue grey in colour • Includes common brands such as Ventolin, Bricanyl, Airomir and Asmol • Most relievers can be purchased from a pharmacy without a prescription, but MASS staff must have a letter of authorisation from the CEO to purchase reliever medication for the MASS Asthma Emergency Kits.
Preventer	• Is used on a regular basis to prevent asthma symptoms and reduce the frequency and severity of asthma attacks • Is usually autumn or desert colours (e.g., brown, orange, rust or yellow) • Is prescribed by a doctor
Combination Preventer	• Combines a preventer with a long-acting reliever in the same device • There are two common types of combination medications, Seretide and Symbicort • For clients aged 12 or over, Symbicort may be used in an asthma emergency if documented on the client's Asthma Action Plan • Usually white/red or purple in colour • Is prescribed by a doctor.

3.9. Assessing the severity of an asthma attack

Asthma attacks can be:

- **Mild** – this may involve coughing, a soft wheeze, minor difficulty in breathing, able to talk in full sentences, alert and able to walk around, and have normal skin colour
- **Moderate/severe** – sitting hunched forward, may involve a persistent cough, loud wheeze, obvious difficulty in breathing and ability to speak only in short sentences, tugging in of skin over the chest and throat, lethargic (children), sore tummy (young children) and reliever medication is not lasting as long as usual

- **Life-threatening** – the person is very distressed and anxious, gasping for breath, unable to speak more than a few words, wheeze and cough may be absent, pale, and sweaty and may have blue lips, may be unconscious, and not responding to reliever medication.

3.10. Treating an asthma attack

The following procedure describes how to treat a client:

- Having an asthma attack
- Having difficulty breathing for an unknown cause, even if they are not known to have asthma.

For a client who is not known to have asthma, this treatment could be lifesaving if asthma has not previously been recognised and would not be harmful if breathlessness was not due to asthma.

Immediately call Triple Zero "000" and ask for an ambulance and state that a client is having an asthma attack if:

- The client is not breathing
- The client is having a severe or life-threatening attack
- The client is having an asthma attack and a reliever is not available
- You are concerned
- At any time, the client's condition suddenly worsens, or is not improving
- The client is known to have anaphylaxis – follow the client's anaphylaxis Action Plan, then give asthma first aid.

Any delay in treatment may increase the severity of the attack and ultimately risk the client's life.

First time asthma attack

If a client appears to be having difficulty breathing, but has not been diagnosed with asthma, then the procedures for first aid should be followed and include:

- ☑ Locating the administering reliever medication from the Asthma Emergency Kit
- ☑ Administering 4 doses of reliever medication
- ☑ If no relief after the first 4 doses of reliever medication call Triple Zero "000" for an ambulance
- ☑ Continue giving 4 doses of reliever medication every 4 minutes whilst waiting for the ambulance to arrive

Clients diagnosed with asthma

If the client has an Asthma Action Plan, follow the first aid procedure immediately. If they do not and are having difficulty breathing, immediately follow the steps outlined below.

Step 1: Immediately sit the client down in as quiet an atmosphere as possible. Breathing is easier sitting rather than lying down. Be calm and reassuring. Do not leave the client alone.
Step 2: Shake the puffer medication and without delay give 4 separate puffs of a blue reliever medication (Airomir, Asmol, Epaq or Ventolin). The medication is best given one puff at a time via a spacer device. If a spacer device is not available, simply use the puffer on its own. Ask the client to take 4 deep breaths from the spacer after each puff of medication.
Step 3: Wait 4 minutes. If there is little or no improvement, repeat Steps 2 and 3. (OR give one more dose of Bricanyl or Symbicort inhaler if part of Asthma Action Plan)
Step 4: If there is little or no improvement, call an ambulance immediately (dial 000). State clearly a person is having breathing difficulties. Continuously repeat steps 2 and 3 while waiting for the ambulance.

If asthma is relieved after administering Asthma First Aid, stop the treatment and observe the client. Notify the client's emergency contact person and record the incident.

3.11. Managing Exercise Induced Bronchoconstriction (EIB)

If a client has EIB, the following guidelines should be followed before, during and after exercise.

Before:
- ☑ Blue or blue-grey reliever medication to be taken by client 15mins before exercise or activity (if indicated on the client's Asthma Action Plan)
- ☑ Client to undertake warm up activity

During:
- ☑ If symptoms occur, client to stop activity, take blue or blue/grey reliever medication, only return to activity if symptom free
- ☑ If symptoms reoccur, client to take reliever medication and cease activity for the rest of the day.

After:
- ☑ Ensure cool down activity is undertaken
- ☑ Be alert for symptoms

4. Assessment and First Aid of Anaphylaxis

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. Although allergic reactions are common in children, severe life-threatening allergic reactions are uncommon, and deaths are rare. However, deaths have occurred,

and anaphylaxis is therefore regarded as a medical emergency that requires a rapid response.

MASS will comply with MO706 and associated guidelines, and guidelines related to anaphylaxis management in schools as published by the Department of Education and Training in order to provide appropriate care for any student at risk of anaphylaxis.

4.1. Signs and Symptoms

Symptoms of a mild to moderate allergic reaction can include:

1. Swelling of the lips, face, and eyes
2. Hives or welts
3. Abdominal pain and/or vomiting.

Symptoms of a severe allergic reaction can include:

1. Difficulty breathing or noisy breathing
2. Swelling of the tongue
3. Swelling/tightness in the throat
4. Difficulty talking and/or a hoarse voice
5. Wheezing or persistent coughing
6. Loss of consciousness and/or collapse
7. Young children may appear pale and floppy.

Symptoms usually appear within 10 minutes to one hour of exposure to an allergen but can appear within a few minutes.

4.2. MASS responsibilities

MASS staff, CEO or Principal will:

- ☑ Actively seek information to identify clients with severe life-threatening allergies at commencement of a service.
- ☑ Conduct a risk assessment of the potential for accidental exposure to allergens while clients are in the care of MASS and complete the annual Anaphylaxis Risk Management checklist.
- ☑ Meet with parents/carers to develop an Anaphylaxis Management plan for the client at risk. This includes documenting practical strategies to minimise the risk of exposure to allergens, and nominating staff who are responsible for their implementation.
- ☑ Request that all parents/carers provide an ASCIA (Australasian Society of Clinical Immunology and Allergy) Action Plan that has been signed by the client's medical practitioner and has an up-to-date photograph of the client.

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- ☑ Ensure that parents/carers provide the client's EpiPen and that it is not out of date. MASS is responsible for clients in full time care.
- ☑ Determine how many and what type of adrenaline autoinjector(s) to purchase for general use, taking into account:
    - the number of clients that are at risk of anaphylactic reactions,
    - how accessible the adrenaline autoinjectors are that have been provided by clients' parents/carers,
    - the number of locations which should have a sufficient supply of adrenaline autoinjectors, such as classrooms, yard, camps, buses, residences and other MASS-owned buildings.
    - the shelf-life of adrenaline autoinjectors (12-18 months).
- ☑ Ensure that all staff and volunteers obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen.
- ☑ The Principal will lead a twice-yearly anaphylaxis school briefing for all school staff (teachers, support workers and assistants) and volunteers. This briefing is in addition to anaphylaxis training delivered to all staff and will include:
    - HS15 First Aid Policy (includes anaphylaxis management procedures)
    - the causes, symptoms and treatment of anaphylaxis
    - the identities of the client(s) with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located
    - how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector
    - MASS's general first aid and emergency response procedures
    - the location of, and access to, adrenaline autoinjectors that have been provided by the parents or purchased by MASS for general use.
- ☑ The briefing will occur twice per calendar year, with the first one held at the beginning of the school year.
- ☑ Develop an interim plan in consultation with parents/carers in the unlikely event that staff training and briefing has not yet occurred when a client with a severe allergy starts receiving service or education, and ensure training occurs as soon as possible thereafter.
- ☑ Develop a communication plan to raise client, staff, and MASS community awareness about severe allergies.
- ☑ Communicate with parents at the beginning of each year/term placement notifying them of at-risk clients in their child's class or program and MASS's policies relating to these allergies.

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- ☑ Provide information to all staff and volunteers so that they are aware of clients who are at risk of anaphylaxis, the client's allergies, MASS's management strategies and first aid procedures. This can include providing copies of the client's ASCIA Action Plan in the kitchen, classrooms, and staff rooms, noting privacy considerations.
- ☑ Ensure that any external food providers can demonstrate satisfactory knowledge in the area of anaphylaxis and the implications for food handling processes.
- ☑ Be careful of the risk of cross contamination when preparing, handling, and displaying food.
- ☑ Allocate time at staff meetings to discuss, practice and review MASS's management strategies for clients at risk of anaphylaxis. Practice using the trainer EpiPen regularly.
- ☑ Review an ongoing client's Anaphylaxis Management Plan annually or if the client's circumstances change, in consultation with parents/carers.
- ☑ Plan ahead for special activities or excursions and work with parents/carers to provide appropriate food for the client.
- ☑ Be aware of the possibility of hidden allergens in foods or traces of allergens when using items such as egg or milk cartons or allergen causing foodstuffs in cooking classes.
- ☑ Make sure tables and surfaces are wiped down regularly and that clients wash their hands after handling food.

MASS Anaphylaxis Coordinator

MASS's HR Manager will be responsible for supporting the CEO, Principal and staff to implement the Anaphylaxis Policy and Procedures that includes:

- ☑ Ensuring all staff and volunteers are trained, including all school staff, office staff, client support staff and volunteers.
- ☑ Organizing regular training for all staff and volunteers in how to recognize and respond to an anaphylactic reaction, including administering an adrenalin autoinjector (i.e., EpiPen) which includes currency in the *Course in Verifying the Correct Use of Adrenalin Autoinjector Devices* 22303VIC (every 3 years)
- ☑ Verify the correct use of adrenalin autoinjector (trainer) devices by other MASS staff and volunteers and follow up that training records are kept.
- ☑ Keep an up-to-date list of clients at risk of anaphylaxis.
- ☑ Keep a register of adrenalin autoinjectors, including a record of when they are 'in' and 'out' from the central storage point. For example, when they are taken on an excursion or camp.

- ☑ Raise awareness within MASS about severe allergies and strategies to identify and address risks to minimize harm.

4.3. Parent/carers role

Parents/carers have an important role in working with MASS to minimize the risk of anaphylaxis and should:

- ☑ Inform MASS in writing, either at enrolment or diagnosis, of the client's allergies and whether the client has been diagnosed as being at risk of anaphylaxis.
- ☑ Obtain and provide MASS with an Anaphylaxis Action Plan from the client's medical practitioner that details their condition, any medications to be administered and any other relevant emergency procedures.
- ☑ Inform MASS of any changes to the Anaphylaxis Action Plan and provide an updated plan.
- ☑ Provide MASS with an up-to-date photo of the client.
- ☑ Work with MASS to develop the client's individual Anaphylaxis Management Plan including risk minimization and management strategies.
- ☑ Provide MASS with an adrenalin autoinjector and any other medications that are current and not expired.
- ☑ Replace the client's adrenalin autoinjector and any other medication as needed, before the expiry date or when used.
- ☑ If requested, provide alternative food options when required.
- ☑ Inform MASS of any changes to the client's emergency contact details.
- ☑ Participate in review of the client's Anaphylaxis Management Plan:
    - When there is a change in the client's condition
    - As soon as practicable after the client has an anaphylactic reaction at MASS
    - Annually
    - Prior to the client participating in an off-site activity, such as camps and excursions or at special events.

4.4. Anaphylaxis Management Plans

Every client who has been diagnosed as at risk of anaphylaxis will have an Anaphylaxis Management Plan. The Anaphylaxis Management Plan must be in place as soon as practicable after the client enrols for service, and where possible before the client's first day of term placement or attendance at school.

The client's Anaphylaxis Management Plan will clearly set out:

1. The type of allergy or allergies
2. The client's emergency contact details

3. Practical strategies to minimise the risk of exposure to allergens in MASS settings that include classrooms, meal areas and outside areas as well as for when on excursions or camps.
4. The name of the person/s responsible for implementing the strategies
5. The information of where the EpiPen will be stored.

The Anaphylaxis Management Plan will also include an individual Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan, which sets out the emergency procedures to be taken in the event of an allergic reaction. It is the responsibility of parents/carers to complete an ASCIA Action Plan in consultation with their child's medical practitioner and provide a copy to MASS. The ASCIA Action Plan must be signed by the client's medical practitioner and have an up-to-date photo of the client.

Copies of each client's Anaphylaxis Management Plan and ASCIA Action Plan will be kept in classrooms, in kitchens, in staff rooms and all relevant MASS buildings. For off-site activities or excursions, the Anaphylaxis Management Plan(s) will be kept in the first aid bag that travels with staff on buses or cars.

As a client's allergies may change with time, MASS will ensure that a client in long term care will have their Anaphylaxis Management Plan and the ASCIA Action Plan kept current and reviewed annually with the client's parents/carers. Parents will be required to provide an updated photo at the annual review.

4.5. Anaphylaxis First Aid

MASS staff will follow the following procedures to react quickly if an anaphylactic reaction occurs in a client.

- ☑ On identifying a client experiencing an allergic reaction and anaphylactic symptoms, a staff member should always remain with the client.
- ☑ As per the instructions on the ASCIA Action Plan for Anaphylaxis:

  Lay the person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.

- ☑ Another member of staff should immediately locate the client's adrenalin autoinjector and ASCIA Action Plan for Anaphylaxis. Client adrenalin autoinjectors are kept in a backpack or a waist bag worn by the client at all times. MASS provides general use adrenalin autoinjectors in all evacuation packs, and in designated spots (on top of the refrigerator) at all sites.
- ☑ The adrenalin autoinjector should then be administered following the instructions in the client's ASCIA Action Plan for Anaphylaxis. Where possible, only MASS staff with training in the administration of an adrenalin autoinjector should administer the adrenalin. However, it is imperative that an adrenalin autoinjector is administered as soon as signs of anaphylaxis are recognised and

if required, the adrenalin autoinjector can be administered by any person following the instructions in the client's ASCIA Action Plan for Anaphylaxis

- ☑ It is important the client does not stand and is not moved unless they are in further danger. The paramedics should transport the client by stretcher to the ambulance, even if the symptoms appear to have improved or resolved. The client must be taken to the ambulance by stretcher if adrenalin has been administered.
- ☑ Staff should carry a mobile phone to request assistance in the event of a client having an anaphylactic reaction to notify a staff member to locate and provide the adrenalin autoinjector and to call an ambulance
- ☑ A nominated staff member should wait for the ambulance at a designated building entrance
- ☑ A second adrenaline autoinjector should be sent to the emergency just in case a further device is required to be administered and this may be MASS's adrenalin autoinjector for general use from the First Aid Kit.

How to administer an EpiPen

- ☑ Remove EpiPen from plastic container and check date
- ☑ Form a fist around EpiPen and pull off the blue safety release (cap)
- ☑ Place orange end against the student's 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
- ☑ Note the time you administered the EpiPen
- ☑ The used EpiPen must be handed to the ambulance paramedics along with the recorded time of injection.

If an adrenalin autoinjector (EpiPen) is administered, MASS must:

- ☑ Immediately call an ambulance Triple Zero "000". If calling from a mobile phone out of range, call 112.
- ☑ Lay the person flat – if breathing is difficult for them, allow them to sit but not to stand or walk. If vomiting or unconscious, lay them on their side (recovery position) and check their airway for obstruction
- ☑ Reassure the person experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenalin. Watch the client closely in case of a worsening condition. Ask another member of staff to move other people away in a calm manner and reassure them.
- ☑ In the situation where there is no improvement or **severe symptoms** progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenalin doses may be administered every 5 minutes if other adrenalin autoinjectors are available.
- ☑ Then contact the client's emergency contacts

- ☑ Enact MASS's emergency plan

Client first time allergic/anaphylactic reaction

If a client appears to be having a severe allergic reaction but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, staff should follow the first aid procedures. This should include:

- ☑ Locating and administering an adrenalin autoinjector for general use
- ☑ Following instructions on the ASCIA Action Plan for general use (which should be stored with the general use adrenalin autoinjector)
- ☑ Followed by calling the ambulance (000)

Post-incident support

An anaphylactic reaction can be a very traumatic experience for the client, staff, parents, and witnesses to the reaction. Post incident counselling will be offered to anyone involved in managing the incident.

4.6. Communication plan

All MASS staff are trained in first aid and responding to anaphylaxis. In addition to this training they attend a twice-yearly anaphylaxis, responses to anaphylaxis are discussed in regular staff meetings and response plans are on display in staff rooms, classrooms and in first aid kits.

MASS has a social story that explains to clients to get help from an adult if they see someone with a skin reaction or struggling to breathe or talk.

4.7. Review

After an anaphylactic reaction has taken place, it is important for the following review process to take place.

1. The adrenalin autoinjector must be replaced by the parent
2. The CEO should ensure that there is an interim Individual Anaphylactic Management Plan should another anaphylactic reaction occur prior to the replacement adrenalin autoinjector being provided by the parent/carer
3. If the adrenalin autoinjector for general use has been used this should be replaced as soon as possible.
4. The CEO should ensure that there is an interim plan in place to respond if there is an anaphylactic incident before the adrenalin autoinjector for general use is replaced.
5. The client's Individual Anaphylaxis Management Plan should be reviewed in consultation with the client's parents/carers.
6. MASS's Anaphylaxis Policy and Procedures should be reviewed to determine if there are any issues that require clarification or modification.

5. Assessment and First Aid of Epilepsy

5.1. What is Epilepsy

Epilepsy is characterised by recurrent seizures due to abnormal electrical activity in the brain.

Epileptic seizures are caused by a sudden burst of excess electrical activity in the brain resulting in a temporary disruption in the normal messages passing between brain cells. Seizures can involve loss of consciousness, a range of unusual movements, odd feelings, and sensations or changed behaviour. Most seizures are spontaneous, brief, and self-limited. However multiple seizures known as seizure clusters can occur over a 24-hour period.

Non-epileptic seizures (NES), also known as dissociative seizures. There are two types of non-epileptic seizures:

- Organic NES which has a physical cause
- Psychogenic NES which are caused by mental or emotional processes.

Seizure triggers is a term used to describe known circumstances where the individual may have an increased likelihood of having a seizure. Seizure triggers are unique to the person and are not always known. Common seizure triggers can include stress, lack of sleep, heat, illness or missed medication. A detailed description of seizure types and triggers can be found on the Epilepsy Foundation website.

Impact on learning

Many children with epilepsy have their seizures well controlled with medication and can participate in learning activities. Children with epilepsy are at higher risk of:

- Psychological issues or mental health problems
- Memory, attention, and concentration problems
- Behaviour problems
- Fatigue.

5.2. Epilepsy First Aid

For all seizure events:

- ☑ Remain calm
- ☑ Ensure other clients in the vicinity of the seizure event are being supported
- ☑ Note the time the seizure started and time the event until it ends
- ☑ Talk to the client to make sure they regain full consciousness
- ☑ Stay with and reassure the client until they have fully recovered
- ☑ Provide appropriate post seizure support or adjustments

A ***tonic-clonic seizure*** (convulsive seizure with loss of consciousness) presents as stiffening and falling, followed by jerky movements.

During this type of seizure:

- ☑ Protect the head e.g., place a pillow or cushion under the head
- ☑ Remove any hard objects that could cause injury
- ☑ Do not attempt to restrain the client or stop the jerking
- ☑ Do not put anything in the client's mouth
- ☑ As soon as possible roll the student onto their side – you may need to wait until the seizure movements have ceased.

For a seizure with impaired awareness (non-convulsive seizure with outward signs of confusion, unresponsiveness, or inappropriate behaviour) avoid restraining the client. You may need to guide the client safely around objects to minimise risk of injury.

When providing seizure first aid support to a client in a wheelchair:

- ☑ Protect the client from falling from the chair, secure seat belt where available and able
- ☑ Make sure the wheelchair is secure
- ☑ Support the client's head if there is no moulded head rest
- ☑ Do not try to remove the client from the wheelchair
- ☑ Carefully tilt the client's head into a position that keeps the airways clear.

MASS staff will call an ambulance immediately if:

- ☑ There is no Epilepsy Management Plan
- ☑ A serious injury has occurred
- ☑ The seizure occurs in water
- ☑ You have reason to believe the client may be pregnant

5.3. Epilepsy Support

The Epilepsy Management Plan is an important document that not only defines what an emergency is for the client, and appropriate response, but also:

- ☑ Whether emergency medication is prescribed
- ☑ How the client wants to be supported during and after a seizure
- ☑ Identified risk strategies (such as water safety, use of helmet)
- ☑ Potential seizure triggers

Where emergency medication is prescribed, the Emergency Medication Management Plan provides information on the dose, route of administration and emergency response required in the event of a seizure.

Epilepsy Management Plan must:

- ☑ Be signed by the treating medical professional before being provided to MASS by the client's parents/carers.
- ☑ Be readily accessible to all relevant staff with a duty of care responsibility for the client living with epilepsy.
- ☑ Remain current for 12 months and must be reviewed and updated annually for long term clients.

Client Health Support Plan

The Client Health Support Plan outlines how MASS will support the client's health care needs and must be in place for each client with epilepsy. It is to be completed by MASS in consultation with parents/guardians and guided by medical advice provided in the Epilepsy Management Plan.

5.4. Training of staff

MASS staff with a direct contact role have a duty of care responsibility for a client with epilepsy and are required to receive training in:

- ☑ Epilepsy: An introduction to Understanding and Managing Epilepsy
- ☑ And where indicated, Epilepsy: Administration of Emergency Medication Parts 1&2

Training must be refreshed every two years, or sooner when there is a change in the:

- Dose of medication, and/or
- Route of administration, and/or
- Seizure type/description.

Training is available face to face or online. Further information on course options and to register for training, see Epilepsy Foundation.

5.5. Storage and access to Emergency Medication Kits

Individual Emergency Medication Kits (Kits) should be held for each client that has been prescribed emergency medication. Kits should include required medication and tools to provide medical assistance in accordance with the client's Emergency Medication Management Plan.

The location of the Kit/s should be known to all staff with a duty of care responsibility for the client with epilepsy.

MASS is required to make plans for the transport of the client's Emergency Medication Kit to camps, excursions and special events as required.

5.6. Encouraging client participation in activities

Clients with epilepsy can generally participate fully in activities, including sport and physical activities, camps, excursions, and special events. Subject to medical advice, participation in these activities should be encouraged.

Healthy Eating

Some clients with epilepsy may be on a medically prescribed ketogenic diet, which is a high fat diet sometimes used to control seizures. It involves a restricted fluid, high fat and exceptionally low carbohydrate and protein diet which produces a high ketone state (ketosis). MASS will accommodate the needs of clients as appropriate and prescribed.

Swimming and water safety

Being in and around water represents a serious potential risk for people living with epilepsy. The level of support and supervision a student needs will vary depending on specific risk mitigation strategies that the doctor has instructed in the client's Epilepsy Management Plan. Unless otherwise specified in writing by the doctor, a dedicated staff member must always keep the student under visual observation while the client is in the water and be able to get assistance to the client quickly if a seizure occurs. Additionally, a dedicated staff member must remain within close response distance to a student with epilepsy when bathing/showering e.g., standing outside the bathroom/shower door.

Seizure response

MASS will make reasonable adjustment in the activities that the client undertakes related to the client's seizure activity or attendance at medical appointments. These adjustments will be outlined in the client's Health Support Plan.

5.7. Communication

MASS will ensure there is clear and as required communication with the parents/carers, staff and health professionals providing care for the client with epilepsy. This may include regular communication about the client's health, seizure occurrences, learning and development, changes to treatment or medications, or any concerns, via communication books, seizure diary, emails, or text messages.

FIRST AID PROCEDURES

Appendix 1: Contents of first aid kids

- ☑ 1x Instructions for providing first aid including CPR flow chart
- ☑ 1x Notebook and pen
- ☑ 1x Resuscitation mask or face shield
- ☑ 5 pairs Disposable nitrile examination gloves
- ☑ 5 packs gauze pieces 7.5cm x 7.5cm. sterile (3 per pack)
- ☑ 8x saline (15ml)
- ☑ 10x Wound cleaning wipe (single 1% Cetrimide BP)
- ☑ 1x adhesive dressing strips – plastic or fabric (packet of 50)
- ☑ 10x splinter probes (single use, disposable)
- ☑ 1x tweezers/forceps
- ☑ 6x non-adherent wound dressing/pad 5cm x 5cm (small)
- ☑ 3x non-adherent wound dressing/pad 7.5cm x 10cm (medium)
- ☑ 1x non-adherent wound dressing/pad 10cm x 10cm (large)
- ☑ 3x conforming cotton bandage, 5cm width
- ☑ 3x conforming cotton bandage, 7.5cm width
- ☑ 1x crepe bandage 10cm (for serious bleeding and pressure application)
- ☑ 1x scissors
- ☑ 1x hypoallergenic adhesive tape – 2.5cm wide roll
- ☑ 1x safety pins (packet of 6)
- ☑ 1x BPC wound dressing no 14, medium
- ☑ 1x BPC wound dressing no 15, large
- ☑ 1x dressing – combine pad 9 x 20cm
- ☑ 1x box of plastic bags (clip seal)
- ☑ 4x triangular bandages (calico or cotton minimum width 90cm)
- ☑ 1x emergency rescue blanket (for shock or hypothermia)
- ☑ 4x eye pad (single use)
- ☑ Access to clean running water or if this is not available, 5x hydro gel (3.5gm sachets)
- ☑ Instant ice pack (e.g., for treatment of soft tissue injuries and some stings)
- ☑ 1x packet of steri strips for holding wound edges together
- ☑ 20x alcohol wipes
- ☑ Asthma equipment
- ☑ Blue reliever puffer (e.g., Ventolin) that is in date
- ☑ Asthma spacer device
- ☑ EpiPen® (that is in date)
- ☑ Disposable cups
- ☑ Disposable hand towels
- ☑ germicidal soap or hand sanitiser
- ☑ single use plastic rubbish bags that can be sealed, for used swabs and a separate waste disposal bin for taking biohazard waste
- ☑ container or emesis bags for vomit.

FIRST AID PROCEDURES

When MASS is providing services outdoors at a camp or community venue and there is a risk of snake bite or insect/plant stings, the first aid kit should include:

- ☑ A heavy-duty crepe bandage 10cm for snake bits
- ☑ Sting relief cream, gel, or spray.