

Administration of First Aid Policy



First aid can save lives, and prevent minor injuries or illnesses from becoming major. The ability to provide prompt basic first aid is particularly important in the context of both an early childhood Centre and a Primary School where Teachers have a duty of care and obligation to assist children who are injured, become ill or require support with administration of medication

Education and Care Schools National Regulations

Children (Education and Care Schools) National Law NSW	
12	Meaning of serious incident
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
88	Infectious diseases
89	First aid kits
97	Emergency and evacuation procedures
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record
168	Education and care School must have policies and procedures
174	Prescribed information to be notified to Regulatory Authority
176	Time to notify certain information to Regulatory Authority

PURPOSE

The Farmhouse Montessori School has a duty of care to provide and protect the health and safety of children, families, educators and visitors of the School campuses. This policy aims to support educators to:

- Preserve life
- Ensure that ill or injured persons are stabilised and comforted until medical assistance intervenes
- Monitor ill or injured persons in the recovery stage
- Apply additional first aid tactics if the condition does not improve
- Ensure the environment is safe and other people are not in danger of becoming ill or injured.

SCOPE

This policy applies to children, families, staff, management and visitors of the School campuses.

IMPLEMENTATION

Staff First Aid Qualifications

- All teaching staff members will hold a current first aid & CPR certificate as well as Asthma & Anaphylactic Certificate and rosters will always ensure that at least one staff member on duty will have a current first aid certificate on both campus sites.
- On each excursion from both campuses there will be at least one member of staff with a current first aid certificate attending the excursion and will be responsible for first aid with the necessary qualifications.
- **Management is responsible for:**
 - Safeguarding every reasonable precaution to protect children at the School from harm and/or hazards that can cause injury
 - Ensuring that at least one educator is in attendance at all times with current approved first aid qualifications and is immediately available at all times that children are being educated and cared for by the either campus.

- Ensuring that parents are notified when practicable or within 24 hours if their child is involved in an incident, injury, trauma or illness at the School and that details are recorded on the Incident, Injury, Trauma and Illness Record.
- Ensuring the Regulatory Authorities are notified within 24 hours if a child is involved in a serious incident, injury, trauma or illness at the School.
- Ensuring that staff members are offered support and debriefing subsequent to a serious incident requiring the administration of first aid.
- Keeping up to date with any changes in procedures for administration of first aid and ensuring that all educators are informed of these changes.

The Principal/ Nominated Supervisor/ Responsible Person will:

- Ensuring that at least one educator is in attendance at all times with current approved first aid qualifications and is immediately available at all times that children are being educated and cared for by the School. This can be the same person who has anaphylaxis management training and emergency asthma management training.
- Ensuring a risk assessment is conducted prior to an excursion to identify risks to health, safety, or wellbeing and specifying how these risks will be managed and minimised.
- Ensuring that first aid training details are recorded and kept up to date on each staff member's record.
- Ensuring there is an induction process for all new staff, casual and relief staff, that includes providing information on the location of first aid kits and specific first aid requirements and individual children's allergies.
- Ensuring that parents are notified when practicable or within 24 hours if their child is involved in an incident, injury, trauma or illness at the School and that details are recorded on the Incident, Injury, Trauma and Illness Record.
- Maintain a current approved first aid qualification
- Support staff when dealing with a serious incident, trauma
- Provide and maintain an appropriate number of up-to-date, fully-equipped first aid kits that meet Australian Standards
- Provide and maintain a transportable first aid kit that can be taken to excursions and other activities
- Monitor the contents of all first aid kits and arranging replacement of stock, including when the use-by date has been reached or assign a staff member to check this and then sign off that it has been completed each term.
- Dispose of out-of-date materials appropriately
- Ensure safety signs showing the location of first aid kits are clearly displayed
- Ensure that all educators' approved first aid qualifications, anaphylaxis management training and emergency asthma management training are current and meet the requirements of the National Act and National Regulations and are approved by ACECQA.
- Provide internal training of the administration of an auto-injection device annually and documenting on staff files
- Ensuring a resuscitation flow chart is displayed in a prominent position in the indoor and outdoor environments of the School.
- Keeping up to date with any changes in procedures for administration of first aid and ensuring that all educators are informed of these changes
- Contact families immediately if a child has had a head injury whilst at the School.
- Ensure that appropriate documentation is being recorded by all teaching staff regarding incidents, injury, trauma and illnesses and the administration of first aid. Documentation of the following must be recorded;
 - Name and age of the child
 - Circumstances leading to the incident, injury, trauma or illness (including any symptoms)

- Time and date
- Details of action taken by the School including any medication administered, first aid provided or
- Medical personnel contacted
- Details of any witnesses
- Names of any person the School notified or attempted to notify, and the time and date of this
- Signature of the person making the entry, and time and date of this.

Educators will:

- Implement appropriate first aid procedures when necessary
- Maintain current approved first aid qualifications, and qualifications in anaphylaxis management and emergency asthma management, as required
- Practice CPR and administration of an auto-injection device annually
- Ensure that all children are adequately supervised while providing first aid and comfort for a child involved in an incident or suffering trauma
- Ensure that the details of any incident requiring the administration of first aid are recorded on the Incident, Injury, Trauma and Illness Record accurately. [See Appendix 1](#)
- Conduct a risk assessment prior to an excursion to identify risks to health, safety or wellbeing and specifying how these risks will be managed and minimised. Once completed this is then to be emailed to the Principal to sign off on. [See Appendix 2](#)

Parents will:

- Sign the school records of accidents or injuries that have occurred, acknowledging they have been made aware of the incident and the first aid that treatment that was given to the child this is the last page of Appendix 1 that the teachers give to the parents.
- Provide the required information for the School's medication record
- Provide written consent (via the Annual Child Information Form) for School staff to administer first aid and call an ambulance, if required.
- Be contactable, either directly or through emergency contacts listed on the child's Annual Child Information Form, in the event of an incident requiring the administration of first aid.

First Aid Kit

The Principal/Approved Provider of the School will ensure that first aid kits are kept in accordance with National Education and Care Service Regulations & NESAs .

All First Aid Kits at the School must:

- Be suitably equipped
- Not be locked
- Not contain paracetamol
- Be suitable for the number of employees and children and sufficient for the immediate treatment of injuries at the School.
- Be easily accessible to staff and educators
- Be constructed of resistant material, be dustproof and of sufficient size to adequately store the required contents
- Be capable of being sealed and preferably be fitted with a carrying handle as well as have internal compartments.
- Contain a list of the contents of the kit.
- Be regularly checked using the First Aid Kit Checklist to ensure the contents are as listed and have not depreciated or expired.
- Have a white cross on a green background with the words 'First Aid' prominently displayed on the outside

- Be easily recognizable
- Be easy to access and if applicable, located where there is a risk of injury occurring.
- Be taken on excursions and be attended by First Aid qualified educators.
- Be maintained in proper condition and the contents restocked as required.

Our First Aid delegated individual responsible for maintaining all First Aid kits at the School is:

FIRST AID OFFICER-NTH BALGOWLAH CAMPUS
Name: _____
Role: _____
Number of First Aid Kits Responsible for at the School: _____ 2 _____
Number of Excursion Bags Responsible for at the School: _____ 1 _____
Additional First Aid Officer: _____

FIRST AID OFFICER-NTH HEAD CAMPUS
Name: _____
Role: _____
Number of First Aid Kits Responsible for at the School: _____ 2 _____
Number of Excursion Bags Responsible for at the School: _____ 1 _____
Additional First Aid Officer: _____

These individuals are responsible for conducting and maintaining each first aid kit by complying with the First Aid Checklist, certifying each Kit has the required quantities, items are within their expiry dates and sterile products are sealed. This will occur after each use or if unused, at least one a term.

Individuals along with the Nominated Supervisor will also consider whether the first aid kits and components are appropriate and effective for the School’s hazards and the injuries that have occurred. If the kit requires additional resources, these individuals will advise and follow up with the Principal.

- The Farmhouse Montessori School will display a well-recognised, standardised first aid sign to assist in easily locating first aid kits. Signage will comply with AS 1319:1994 – Safety Signs for the Occupational Environment. This is a white cross on a green background

First Aid Kit Checklist

The Farmhouse Montessori School will use the Checklist in Safe Work Australia’s First Aid in the Workplace Code of Practice as a guide to what to include in our First Aid Kit. See Appendix 3

We will determine the need for additional items to those in the checklist, or whether some items are unnecessary, after analysing the number of children at The Farmhouse Montessori School and what injuries children or adults may incur. We will review our incident, injury, trauma and illness records to help us make a knowledgeable decision about what to include.

Source

- Australian Children's Education & Care Quality Authority.
- Guide to the Education and Care Schools National Law and the Education and Care Schools National Regulations
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Safe Work Australia Legislative Fact Sheets First Aiders
- Safe Work Australia First Aid in the Workplace Code of Practice

Policy Review Date

Approved: February 1999

Reviewed: April 2003, Aug 2011

Reviewed: March 2012, Reviewed: March 2014

Reviewed: May 2015, May 2017

Reviewed: Feb 2018-New Logo



INCIDENT, INJURY, TRAUMA & ILLNESS FORM

Child details € Enrolled Child € Visiting Child

Surname: Given names:

Date of birth: / / Age: Room/group:

Staff present:

Injury/trauma details

Diagram of accident site resulted **What injury/ trauma**

Circumstances leading to and including the injury/trauma

What products or structures were involved:

Location:

Time: am/pm Date: / /

Full name of Witness:

Signature of Witness: Date: / /

Nature of injury sustained:

€ Abrasion, scrape € Broken bone/fracture € Bite (Type) € Bruise € Other	€ Concussion € Cut (Location) € High Temperature <i>Please mark where injury occurred:</i>	€ Rash/ Redness € Sprain € Swelling
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Action Taken

What first aid was provided:

.....

Name of the person applying the treatment:

Temperature taken / Medication administered:

Time				
Temperature				
Taken by				

Name of medication administered				
Amount of medication				
Administered by				
Signature				
Checked by				
Signature				

Medical Personnel contacted: Yes/No If yes. Who was contacted:

Time MP Contacted: MP Contacted by: Arrival time of MP

Did the child leave school? If Yes at what time?

Notifications (including attempted notifications)

Parent/guardian: Parent/guardian:

Time: am/pm Date: / / Time: am/pm Date: / /

Time: am/pm Date: / / Time: am/pm Date: / /

Time: am/pm Date: / / Time: am/pm Date: / /

Parent's reactions?

Teacher: Time: am/pm Date: / / (Full Name)

Principal: Time: am/pm Date: / /

SERIOUS INJURY NOTIFICATION

Police Notified: Child Missing from the School or Death of a Child at the School-Both Campuses:

Y/N.....By Whom.....Method of notification.....

Board Notification:

Chairman Notified: Y/N By Whom.....Method of notification.....

School Insurance Company - AON-(If applicable)

Treatment received from Medical Personnel:.....Y/N.....Place of treatment:.....

Treating doctor:.....Medical Report attached:.....Yes/No

Staff on duty at that time.....

.....

PRESCHOOL CHILDREN: If any preschool child has an injury that requires medical attention or is deemed to require medical attention related to the injury on the day or any time later, notification must be made to ACECQA within 24 hours of injury or notification by guardian. Primary School has no reporting authority however can contact the AIS for assistance.

ACECQA Notification of Serious Incident to be completed online and sent within 24 hours of incident by Head of School. If HoS not available PA or Financial Administrator to send.

Regulatory authority notified.....Time:.....am/pm
Date:/...../.....

Method of notification: Online Only (Hospital and or doctors paperwork can be emailed or posted later)...

Additional notes/follow up by the office (please attach extra paper if required)

.....

Details of person completing this record

Name (full):

Signature:

Time record was made: am/pm Date record was made/...../.....

Was a photo taken of the injury? Yes / No **If yes please ensure photo is attached.**

Was a risk assessment completed? Yes / No **Parent Acknowledgment Form must be attached.**

Principal signed:

Gavin McCormack /

PARENT NOTIFICATION AND ACKNOWLEDGEMENT

Please return to the school office with your signature

Child's Surname: Given names:

Date of birth: / / Age:

Room:

Event:.....
.....

Treatment Applied:
.....
.....
.....

Further Comment:
.....
.....
.....

Child was collected by at : am / pm

Recording Staff member:.....

Signature of Staff member: :

Name of Parent or Guardian:.....
.....

Comment by parent.....
.....

Was Medical attention sought? If yes what type?
.....
.....

Name of attending professional?.....
.....

(Please print Full Name)

Is a report attached? Yes / No

I have been notified of my child's incident/injury/trauma/illness at school.

Signature: Date: / /

(Parent/Guardian)

Appendix 2

Hazard Identification	Risk Assessment																											
<p>The following may assist with identifying hazards relating to activities at each stage of an excursion. Consider what could go wrong, that is, the potential injuries or illnesses that could occur. Hazards are the sources of these potential injuries or illnesses.</p> <p>Travel – Consider aspects of travel that may present a hazard such as walking to and from the train, crossing the road, transport to the venue</p> <p>Venue – Consider aspects of the excursion venue that may present a hazard such as location near water, cliffs, crowds, slippery floors</p> <p>Excursion Program Activity – Consider the activities of the excursion program that may present a hazard such as hazards of bushwalking, collecting leaves, observing animals, swimming, singing at an eisteddfod, climbing</p> <p>Equipment – Consider any equipment that may present a hazard such as sporting equipment, high risk equipment at the venue</p> <p>Environment – Consider aspects of the environment that may present a hazard such as weather conditions, natural hazards such as bushfires, floods or storms, the nature of the terrain, plants and animals</p> <p>People – Consider aspects of people that may present a hazard such as poor behaviour, the nature of participants such as maturity, age and skill, child protection issues, medical conditions or disabilities</p> <p>Accommodation – Consider aspects of accommodation that may present a hazard such as insufficient supervision, standard of accommodation and amenities, meal menus and allergies, security and child protection issues</p> <p>Other – Consider other hazards related to specific excursions.</p>	<p>Risk Assessment Matrix</p> <p>How serious could the injury be? How likely is it to be that serious?</p> <table border="1"> <thead> <tr> <th></th> <th>very likely</th> <th>likely</th> <th>unlikely</th> <th>very unlikely</th> </tr> </thead> <tbody> <tr> <td>Death or permanent disability</td> <td>1</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Long term illness or serious injury</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>Medical attention and several days off</td> <td></td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>First aid needed</td> <td></td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> </tbody> </table> <p>Severity – is a measure of an injury, illness or disease occurring. When assessing severity, the most severe category that would be most reasonably expected should be selected. Likelihood – is defined as the potential that an accident will happen that may cause injury or harm to a person. When making assessment of likelihood, you must establish which of the categories most closely describes the probability of the hazardous incident occurring.</p> <p>Legend</p> <p>1 and 2 Extreme risk; consider elimination of the activity. Otherwise determine controls that are reasonably practicable to minimise the risk.</p> <p>3 and 4 Moderate risk; determine controls that are reasonably practicable to minimise the risk</p> <p>5 and 6 Low risk; manage by routine procedures.</p> <p>Elimination or Control Measures</p> <p>Hierarchy of Controls</p> <p>Eliminate the risk, or if this is not reasonably practicable, control the risk to the fullest extent possible by using the following hierarchy of controls.</p> <p>Eliminate the hazard: Remove the hazard. Change the activity or stop using it e.g. do not undertake a particular high risk activity such as abseiling in high wind; do not use high risk equipment.</p> <p>Substitute the hazard: Replace the activity, material, or equipment with a less hazardous one e.g. choose an easier bushwalk.</p> <p>Isolate the hazard: Isolate the hazard from the person at risk; isolate through distance e.g. select a lunch location well away from the water; check if a coastal walk has fencing.</p> <p>Use engineering controls: Consider hiring coaches with seatbelts and ensure these are worn if available</p> <p>Use administrative controls: Establish procedures and safe practices e.g. supervision of students, clear rules, instruction in safe methods, training of staff, volunteers and students in the excursion activities or in the use of equipment and qualifications of instructors.</p> <p>Use personal protective equipment: Use appropriately designed and properly fitted equipment such as safety goggles, hats and sunscreen, helmets, in conjunction with other control measures identified from above.</p>		very likely	likely	unlikely	very unlikely	Death or permanent disability	1	1	2	3	Long term illness or serious injury	1	2	3	4	Medical attention and several days off		2	3	4	5	First aid needed		3	4	5	6
	very likely	likely	unlikely	very unlikely																								
Death or permanent disability	1	1	2	3																								
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Medical attention and several days off		2	3	4	5																							
First aid needed		3	4	5	6																							

Excursion Risk Management Plan Proforma

<p><i>Name of school:</i> G.R.C Hurstville Boys Campus <i>Name of principal:</i> N. Worsely <i>Description and location of excursion:</i> Excursion to ST George Regional Museum, 14 MacMahon Street, Hurstville <i>Date(s) of excursion:</i> Thursday, 28 February 2008.</p>	<p><i>Group/class:</i> Year 7 and Year 8 students. <i>Number in group/class:</i> approx.60 students from each grade (120 total). <i>Name of excursion coordinator:</i> H. Chanaoui (organiser only); K. Ambrose (Yr 7) & G. Myhill (Yr 8) <i>Contact number:</i> <i>Accompanying staff, parents, caregivers, volunteers:</i> : Year 7: J. Alysandratos; J. Foote Year 8: I. Campbell; G. Stamos</p>
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Activity	Hazard Identification Type/Cause	Risk Assessment Use matrix	Elimination or Control Measures	Who	When
Year 7 excursion to Hurstville cinemas.					
Walking to ST George Regional Museum from GRC – HB campus.	Tripping on uneven footpath or crack in footpath. Tripping on kerb.	6	Inform students of hazard of uneven or cracked footpath and ask them to be vigilant and aware of where they are stepping.	K. Ambrose (Yr 7) & G. Myhill (Yr 8)	Before leaving school and during journey
Walking to ST George Regional Museum from GRC – HB campus.	Collision with vehicle whilst crossing road.	5	Students must accompany teachers and walk. Teachers will monitor students. When approaching a road the students must stop on the footpath and wait until the teacher has determined it is safe to cross. The teacher will determine the safest means of crossing the road and use pedestrian crossing where available.	K. Ambrose (Yr 7) & G. Myhill (Yr 8)	As above
Return journey from ST George Regional Museum to GRC – HB campus.	Tripping on uneven footpath or crack in footpath. Tripping on kerb.	6	Inform students of hazard of uneven or cracked footpath and ask them to be vigilant and aware of where they are stepping.	K. Ambrose (Yr 7) & G. Myhill (Yr 8)	As above
Return journey from ST George Regional Museum to GRC – HB campus.	Collision with vehicle whilst crossing road.	5	Students must accompany teachers and walk. Teachers will monitor students. When approaching a road the students must stop on the footpath and wait until the teacher has determined it is safe to cross. The teacher will determine the safest means of crossing the road and use pedestrian crossing where available.	K. Ambrose (Yr 7) & G. Myhill (Yr 8)	As above

Venue and safety information reviewed and attached: **Yes / No**

Plan prepared by: H. Chanaoui

Position: HT Welfare

Date: 18 February 2008

Prepared in consultation with: B. Anderson

Communicated to: B. Weekes

Monitor and Review - Monitor the effectiveness of controls and change if necessary. Review the risk assessment if an incident or a significant change occurs.

SAMPLE EXCURSION RISK MANAGEMENT PLAN

Name of school: Excursion Plus High School

Number in group/class: 55

Name of principal: J Citizen

Name of excursion coordinator: K Citizen

Description and location of excursion: Bushwalk and overnight stay to National Park

Contact number: xxxx xxxx

Date(s) of excursion: 18 October 2004

Accompanying staff, parents, caregivers, volunteers: 2 class teachers and 4 parent/carer volunteers

Group/class: 6S and 6G

Task/Activity	Hazard Identification Type/Cause	Risk Assessment Use matrix	Elimination or Control Measures	Who	When
Walking to and from transport	<ul style="list-style-type: none"> - struck by vehicle on road - uneven footpath 	6 6	<ul style="list-style-type: none"> - 6 adults attending to supervise excursion - Brief participants on rules and behaviour - Remain on pedestrian pathways and utilise pedestrian crossings at all times 	Teachers “ All	Prior to walk “ On excursion n
Coach transport to excursion venue	<ul style="list-style-type: none"> - boarding coach - vehicle accidents 	6 5	<ul style="list-style-type: none"> - Ensure vehicle operators hold appropriate license(s) and insurance - Check availability of seat belts - Vehicle to be appropriate for needs of the group e.g. wheelchair access if required - Enforce rules and monitor behaviour - Ensure seatbelts are worn 	Excursion Coordinator “ ” Teachers “	Prior to booking “ “ On excursion n “
Observing rock formations, animals and plants	<ul style="list-style-type: none"> - bites and stings from insects, spiders, snakes - exposure to sun 	4 5	<ul style="list-style-type: none"> - Avoid areas with long grasses - Wear enclosed footwear and long pants - Wear hats, shirts with sleeves and sunscreen while outdoors - Do not touch animals - Carry first aid kit 	All “ ““Teache rs	On excursion n

Bushwalking in national park	<ul style="list-style-type: none"> - uneven ground surfaces, bites and stings, exposure to sun, wind, rain and dehydration. - allergies to insects, reptiles and plants. - becoming lost or isolated from the group - change in weather conditions 	4	- Notify national park staff of expected arrival and departure times, location of walk and participants	Excursion Coordinator	Prior to walk
		3	- National Park staff to lead walk. Adult supervision at front and back to keep group together.	"	On walk
		3	- Inform excursion participants of National Park safety instructions.	All	
		5	- Wear enclosed footwear suitable for walking, clothing to protect arms and legs and suitable for changing weather conditions	"	
			- Wear hats, shirts with sleeves and sunscreen while outdoors	Teachers	
			- Ensure participants carry water bottles	"	
			- Staff carry insect repellent, additional sunscreen and ensure rest breaks are taken in the shade	Excursion Coordinator	
			- Identify participants with known medical conditions and ensure appropriate medication/treatment is available	"	
			- Check weather forecast on day of excursion	"	
			- Carry maps and compass	"	
			- Emergency plans for dealing with potential incidents		
			- Carry first aid kit		
Overnight stay at lodge accommodation	<ul style="list-style-type: none"> - food or drink while at the establishment - intruder - fire or other emergency - students at risk of assault 	4	- Lodge has been provided with necessary information on personal allergies and requirements for food and beverage preparation and service	Excursion Coordinator	Prior to excursion
		6	- Lodge has adequate security in place	"	At the lodge
		3	- Received information on emergency plans and alert devices from lodge staff	Excursion Coordinator & Lodge staff	
		4	- Participants to be briefed on emergency procedures	Teachers	
			- Child protection strategy in place.		
			- Sleeping accommodation secured and monitored by staff supervisors		

Venue and safety information reviewed and attached: Yes/No

Plan prepared by: K Citizen Position: Year 6 teacher Date: 2 August 2004

Prepared in consultation with: Year 6 staff, Deputy Principal, parent volunteers

Communicated to: Teachers and parent/carer volunteers

2. **Monitor and Review** – Monitor the effectiveness if controls and change if necessary. Review the risk assessment if an incident or significant change occurs.

Appendix 3



For most workplaces, a first aid kit should include at the following items.

Item	Quantity
Instructions for providing first aid—including cardiopulmonary resuscitation (CPR) flow chart	1
Note book and pen	1
Resuscitation face mask or face shield	1
Disposable nitrile examination gloves (nitrile is a latex-free rubber suitable for people with latex allergies)	5 pairs
Gauze pieces 7.5 x 7.5 cm, sterile 3 per pack	5 packs
Saline, 15 ml	8
Wound cleaning wipe, single 1% Cetrimide BP	10
Adhesive dressing strips—plastic or fabric, packet of 50	1
Splinter probes, single use, disposable	10
Tweezers/forceps	1
Antiseptic liquid/spray 50 ml	1
Non-adherent wound dressing/pad 5 x 5 cm (small)	6
Non-adherent wound dressing/pad 7.5 x 10 cm (medium)	3
Non-adherent wound dressing/pad 10 x 10 cm (large)	1
Conforming cotton bandage, 5 cm width	3
Conforming cotton bandage, 7.5 cm width	3
Crepe bandage, 10 cm, for serious bleeding and pressure application	1
Scissors	1
Non-stretch, hypoallergenic adhesive tape—2.5 cm wide roll	1
Safety pins, packet of 6	1
BPC wound dressings No. 14, medium	1
BPC wound dressings No. 15, large	1
Dressing—Combine Pad 9 x 20 cm	1
Plastic bags—clip seal	1
Triangular bandage, calico or cotton minimum width 90 cm	2
Emergency rescue blanket for shock or hypothermia	1
Eye pad, single use	4
Access to 20 minutes of clean running water or, if this is not available, hydrogel 3.5 gm sachets	5 sachets
Instant ice pack for treatment of soft tissue injuries and some stings	1

Medication including analgesics like paracetamol and aspirin should not be included in first aid kits because of their potential to cause adverse health effects in some people including pregnant women and people with medical conditions like asthma. The supply of these medications may also be controlled by drugs and poisons laws. Workers requiring prescribed and over-the-counter medications should carry their own medication for their personal use as necessary.

However, workplaces may consider including an asthma-relieving inhaler and a spacer to treat asthma attacks and epinephrine auto-injector for the treatment of anaphylaxis or severe allergies. These should

be stored according to the manufacturers' instructions and first aiders should be provided with appropriate training.

Some types of workplaces may require extra items to treat specific types of injuries or illnesses. These may also require your first aiders to have additional training eg: for the Farmhouse Montessori School we currently also carry Epi Pens and staff are training in the use and administration of these.

End.