

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

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
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
136	First aid qualifications
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
174	Prescribed information to be notified 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 the environment is safe and other people are not in danger of becoming ill or injured.
- Ensure that ill or injured persons are stabilised and comforted until medical assistance intervenes

- Monitor ill or injured persons and promote recovery.
- Provide immediate and effective first aid to children or adults
- Apply additional first aid if the condition does not improve
-

'First aid can reduce the severity of an injury or illness and in extreme cases, could mean the difference between life and death.' (Safe Work Australia).

SCOPE

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

IMPLEMENTATION

First aid is the emergency aid or treatment given to persons suffering illness or injury following an accident and prior to obtaining professional medical services if required. It includes emergency treatment, maintenance of records, dressing of minor injuries, recognition and reporting of health hazards, and participation in safety programs. Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm.

STAFF FIRST AID QUALIFICATIONS

- All teaching staff members must hold a current first aid & CPR certificate as well as Asthma & Anaphylactic Certificate on commencement at Farmhouse Montessori School.
- All teaching staff will also be training annually on both CPR and the use of the Defibrillator this to be organised by the school. Administration staff will also have ongoing training made available if they wish.
- Every three year cycle the school organises the recertification of the First Aid & Asthma/Anaphylaxis training for all teaching staff. Administration staff are also able to join this training session if they wish.
- School rosters will always ensure that at least one staff member will be on duty that 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 Full current first aid certificate approved by ACECQA attending the excursion and will be responsible for first aid.

DEFINITION OF AN AED

What is an Automated External Defibrillator (AED)?

An automatic External Defibrillator (AED) assesses the rhythm of the heart and, if appropriate, provides audio commands to the rescuer to activate the device. An AED is used in the event of a cardiac arrest where the heart has a disorganized, or fibrillating, cardiac rhythm. Fibrillating heart muscles twitch randomly, rather than contracting in unison. This results in ineffective pumping of blood to the body and brain. The AED provides a "shock" to a heart in cardiac arrest to help the heart muscles regain a normal rhythm. This is known as defibrillation. The AED will not apply a shock to a heart in a "non-shockable" rhythm.

LOCATION OF AED FOR BOTH CAMPUSES

The school has purchased two AED devices, one for each campus. These will be located in the PA's office in a bag marked AED in Yellow at the Nth Head Campus and in the Evacuation cupboard with Evacuation bag, outside the Cooina door, (also marked in a bag marked AED in yellow) at the Nth Balgowlah campus. On the North Balgowlah campus, the AED will be locked in the office during non-term time. These locations will be clearly marked with a sign please see Appendix 3 & 4.

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 at either campus.

- at least one staff member or one nominated supervisor who holds a current ACECQA approved first aid qualifications.
- at least one staff member or one nominated supervisor of the service who has undertaken current approved anaphylaxis management training.
- at least one staff member or one nominated supervisor of the service who has undertaken current approved emergency asthma management training.
- at least one staff member or one nominated supervisor of the service has comprehensive training in the operation of an AED. This will normally be the school principal/Authorised supervisor.
- (one staff member may hold one or more of the three qualifications)
- 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.
- 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, including 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 and individual medical management plans
- ensuring a resuscitation flow chart is displayed in a prominent position in the indoor and outdoor environments of the Service

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.
- **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 with 24 hours of injury. Primary School has no reporting authority. AIS can be contacted for assistance. ACECQA Notification of Serious Incident to be completed online.**

- **Section “Serious injury notification “ in Incident, Injury, Trauma record must be completed.**
- 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 CPR and auto-injection device and Defibrillator annually and document 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 and defibrillator 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 and defibrillators are kept in accordance with National Education and Care Service Regulations & NESAs .

Master First Aid Kits & Defibrillator locations must be clearly marked with a sign.

See Appendix 3 & 4

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: _____
Number of Excursion Bags Responsible for at the School: _____
Additional First Aid Officer: _____

FIRST AID OFFICER-NTH HEAD CAMPUS

Name: _____

Role: _____

Number of First Aid Kits Responsible for at the School:

Number of Excursion Bags Responsible for at the

School: _____

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 6

We will determine the need for additional items to those in the checklist, or whether some items are unnecessary, after analyzing 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.

STANDARD MEDICATION IN FIRST AID KIT AT NTH HEAD

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 & Ventolin and staff are training in the use and administration of these.

The Nth Head Campus has two complete first aid kits, one being located in the PA office of the West Wing and the other being located in the Printer room in the East Wing of the Aikya classroom. We also have one excursion emergency first aid backpack. This is located in the Yani classroom and is taken out to the playground and all sporting activities and excursions. The Yani classroom assistant is responsible for restocking the emergency backpack from the master first aid kit located in the PA office. The Master kit is checked and resupplied by the PA every twice annually or as need arises. The second Master kit in the East Wing is for emergency use if the need arises. If stock is taken out of this kit the classroom teachers are to advise the PA who will replace the item on the next order.

STANDARD MEDICATION IN FIRST AID KIT AT NTH BALGOWLAH

On the Farmhouse Montessori Nth Balgowlah Preschool campus there are two complete first aid kits, one in the outdoor classroom and one in the Elouera classroom. These kits are reviewed annually, and the restocking of these kits is carried out by St John's Ambulance either by a St Johns ambulance member or through their restocking website. This is the responsibility of the First aide officer. There is also a first aid cabinet outside the Burbangana class and an evacuation supply bag cupboard outside Cooinda class. This cupboard also houses 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.

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	Modification	Next Review Date
Feb 1999	Created and approved	2003
April 2003	No changes	2011
Aug 2011	No changes	2012
March 2012	Reviewed	2014
March 2014	Reviewed	2015
May 2015	Reviewed	2017
May 2017	Reviewed Management responsibility updated	2018
Feb 2018	New logo and reformatted	2020
March 2021	Standard Medication in First aid kit at Nth Balgowlah updated by J.Bensted Standard Medication in First aid kit at Nth Head updated & reworded Defib section inserted Appendix 3 & 4 added Appendixes all renumbers	2023

Appendix 1



ECEC REG: **INCIDENT, INJURY, TRAUMA & ILLNESS FORM**

87.3.a.i Surname: Given names:
 Date of birth:/...../..... Age: Room/group:
 Staff present:

Injury/trauma details

87.3.a.ii **Diagram of accident site** What injury/ trauma resulted.....
 Circumstances leading to and including the injury/trauma

87.3.a What products or structures where involved:

87.3.a.iii Location:

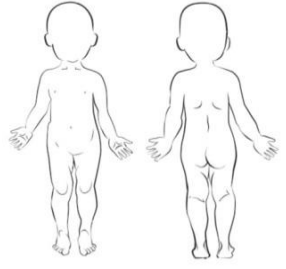
87.3.d Time:am/pm Date: / /

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
- Please mark where injury occurred:*
- Rash/ Redness
- Sprain
- Swelling

.....



Action Taken

What first aid was provided:
 Name of the person applying the treatment:

87.3.c.i **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

87.3.c.ii 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.

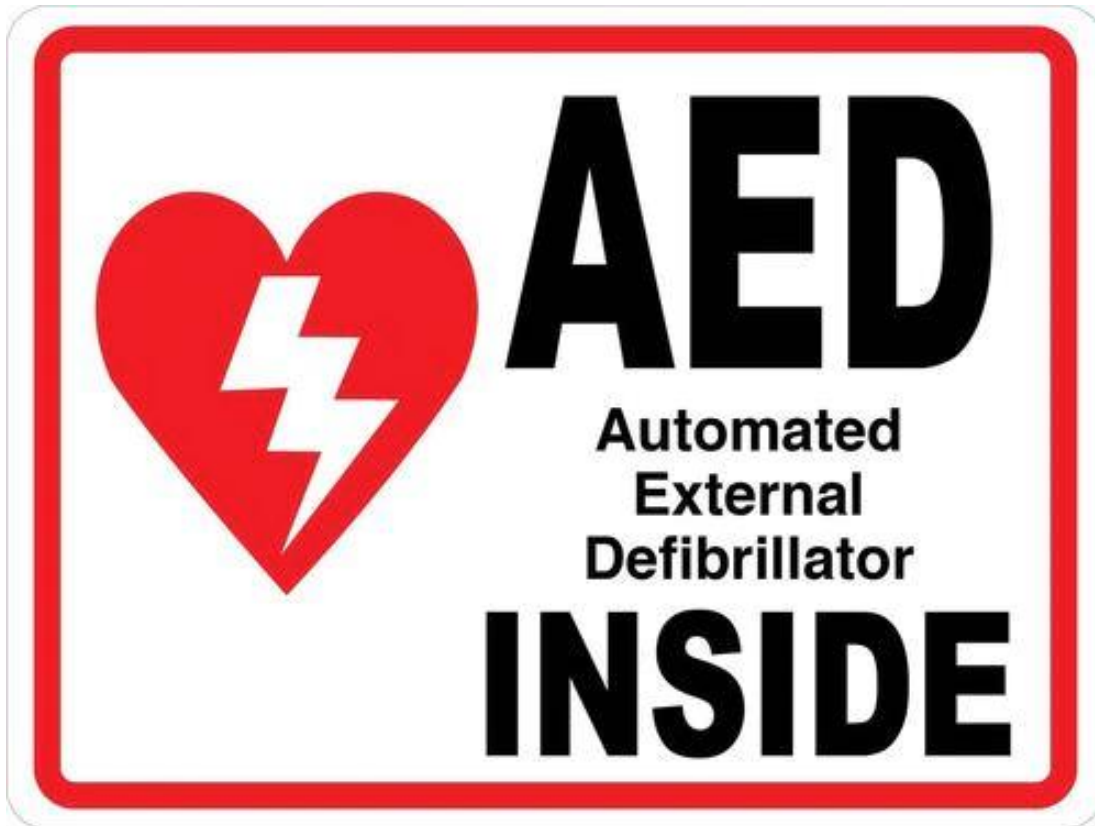
Signature: Date: / /

(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>	Risk Assessment Matrix				
<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>	How likely is it to be that serious?				
<p>Venue – Consider aspects of the excursion venue that may present a hazard such as location near water, cliffs, crowds, slippery floors</p>	very likely	likely	unlikely	very unlikely	
<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>	1	1	2	3	Death or permanent disability
<p>Equipment – Consider any equipment that may present a hazard such as sporting equipment, high risk equipment at the venue</p>	1	2	3	4	Long term illness or serious injury
<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>	2	3	4	5	Medical attention and several days off
<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>	3	4	5	6	First aid needed
<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>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.</p> <p>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>Other – Consider other hazards related to specific excursions.</p>	<p>Legend 1 and 2 Extreme risk; consider elimination of the activity. Otherwise determine controls that are reasonably practicable to minimise the risk. 3 and 4 Moderate risk; determine controls that are reasonably practicable to minimise the risk 5 and 6 Low risk; manage by routine procedures.</p>				
Elimination or Control Measures					
Hierarchy of Controls					
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.					
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.					
Substitute the hazard: Replace the activity, material, or equipment with a less hazardous one e.g. choose an easier bushwalk.					
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.					
Use engineering controls: Consider hiring coaches with seatbelts and ensure these are worn if available					
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.					
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.					

Appendix 3 & 4



Appendix 5

Farmhouse Excursion Risk Management Plan – Bus Trip						
Name of principal: xxxxxx			Group/class: Stage Two & Three Number in group/class: xx			
Description and location of excursion: XXXX			Date(s) of excursion: xxxxxx			
			Name of excursion coordinator: XXXXX Contact number: XXXXXXXX			
			Accompanying staff: XXXXXXXX			
Activity	Hazard Identification Type/Cause	Risk Assessment Use matrix	Elimination or Control Measures	Mitigated Risk	Who	When
Preparation for excursion	Discuss possible hazards on trip/excursion	*	Discussion prior to excursion about suitable, safe behaviour by students. Rules discussed and distributed. Role plays if possible.		All Teachers	Prior to day
GOING TO:-	Students being knocked down by the bus as it arrives.	3	Students wait along front fence of property behind bus stop.	2	All Teachers	Prior to & on day
Travel by bus to The Unity Grammar School Austral	Students tripping/falling on the steps or in the aisle when boarding.	4/5	Students form one line, board the bus one at a time in an orderly fashion and move to the back of the bus to fill each seat. No pushing.	1	All Teachers	Prior to & on day
	Students falling off the bus seat if they undo seatbelt.	3	No more than one student per seat. Students asked to stay seated at all times, until directed by teachers. No students standing on the bus while it is moving. Seatbelts are to be kept on at all times.	1	All Teachers	Prior to & on day
	Student being injured using bathroom on bus if one is available	3	Only one student at a time to be allowed into the on board bus toilet if available on this bus. Teachers will accompany one student at a time. Door is not to be locked.	2	All Teachers	Prior to & on day
BACK TO	Students being injured by putting arms/heads out of the windows.	3	Students informed of bus and road rules and monitored closely. All windows beside seats are to be closed if these can be opened.	1	All Teachers	Prior to & on day
Farmhouse Montessori School Nth Head Manly	Students/staff tripping over bags in aisles	3/4	Students directed to place bags under seat in front of them.	1	All Teachers	Prior to & on day
	Students and staff injured by accident involving bus and other vehicles.	3	Discussion prior to bus trip about what to do in the event of an emergency and how to cope. Lists of students attending excursion and school details to be taken by teachers.	1	All Teachers	Prior to day
	Students falling / slipping whilst alighting from the bus.	4/5	Ensure that students get off the bus in single file slowly after the bus has come to a complete stop.	1	All Teachers	Prior to & on day
	Students being knocked down when bus is leaving.	3	Students directed to move away from the bus and wait a safe distance from the bus / road. Teachers will then motion for the bus driver that it is safe to move off.	1	All Teachers	Prior to & on day
At Museum	A student falls sick, has covid symptoms or is injured.	3	Parents will be called immediately and asked to come to pick or their children.	1	All Teachers	At the site
Venue and safety information reviewed and attached: Yes / No						
Plan prepared by: XXXXXX Position: XXXXXXXXXXXX Date: XXXXXXXX						
Reviewed and approved by: Gavin McCormack (School Principal) Communicated to: All staff, students and parents involved in the excursion.						
Monitor and Review - Monitor the effectiveness of controls and change if necessary. Review the risk assessment if an incident or a significant change occurs.						

Appendix 6



For most workplaces, a first aid kit should include at least 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

Item	Quantity
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