

FIRST AID POLICY 2025

(incorporating Anaphylaxis, Asthma, Epilepsy, Diabetes, Safe Disposal of Syringes Procedures and First Aid Kit Contents)

Forming part of: Giant Steps Tasmania's *Health and Safety Manual*

Policy Statement

As part of the duty of care owed to students, staff members are required to administer first aid when necessary within the limits of their skill, expertise and training. A Giant Steps Tasmania's staff member's duty of care is greater than that of the ordinary citizen in that a staff member is obliged to assist an injured student, while an ordinary citizen is not.

In the case of serious injury or illness, members of Giant Steps Tasmania must not attempt to diagnose or to treat the condition apart from carrying out the appropriate first aid procedures. Diagnosis and treatment are the responsibility of the ambulance officer or medical practitioner in attendance.

Giant Steps Tasmania's First Aid Policy is informed by Safe Work Australia's First Aid in the Workplace, Code of Practice 2019, which came into effect in Tasmania on 27 May 2020 <https://worksafe.tas.gov.au/topics/laws-and-compliance/codes-of-practice/cop-folder/first-aid-in-the-workplace>.

Purpose

Everyone has the right to feel safe and well, and know that they will be attended to with due care when in need of first aid. The purpose of this policy is to ensure that at Giant Steps Tasmania, immediate treatment or care is available to a student, a member of staff or visitor suffering from an injury or illness until more advanced care is provided or the person recovers.

Implementation

Giant Steps Tasmania uses the Risk Management approach to First Aid which is:

- identifying hazards that could result in injury or illness
- assessing the type, severity and likelihood of injuries and illness
- providing the appropriate first aid equipment, facilities and training
- reviewing first aid requirements on a regular basis or as circumstances change

This approach is underpinned by a system of consultation.

Consultation with Giant Steps Tasmania staff and staff not employed by Giant Steps Tasmania, but working on the premises is facilitated through regular meetings, emails and newsletters.

The responsibility of the Giant Steps Tasmania Board, advised by the Giant Steps Tasmania Principal is to:

- provide a safe environment which minimises the risk of injuries to students, staff and visitors.

The responsibility of the Giant Steps Principal is to:

- obtain information from parents/ carers regarding prospective students' health needs prior to enrolment
- ensure that parents/ carers obtain and pass on to the school all necessary management plans relating to students' health needs from medical practitioners
- pass on information regarding new students' health needs and medical management plans to Classroom Teams and First Aiders, including information about students who may experience conditions such as anaphylaxis, asthma or epilepsy, or require regular injections (e.g. insulin)
- ensure that there are a sufficient number of accredited first aiders and first aid kits to meet the needs of students, staff and visitors.

Staff are given opportunities to express their views on First Aid matters through the Work Health & Safety Committee.

The Work Health & Safety Committee comprises:

- 1 member of the Leadership Team
- 1 Administration Assistant, and
- 2 other staff members

The matters on which the Work Health & Safety Committee supports and advises the Principal includes, but is not limited to:

- Auditing the number, location and contents of first aid kits and other equipment
- Checking the Hazard Book and Accident Report Forms and making any necessary recommendations to the Principal
- Undertaking risk assessments as requested by the Principal
- Undertaking regular audits of Hazardous Manual Tasks (see **Hazard Identification & Reporting Policy**)
- Reviewing Medication Administration/ Medical Emergency Report Forms and making any necessary recommendations to the Principal
- Checking that Students' Medical Information Cards are up-to-date and making any necessary recommendations to the Principal

It is the responsibility of classroom teachers to:

- update their team on students' health needs and medical management plans as necessary
- facilitate the writing of management and communication plans around these students.

It is the responsibility of all staff to:

- take reasonable care to protect their own health and safety
- protect the health and safety of other persons
- follow all health and safety policies and procedures

Staff are able to access first aid kits in the following locations:

- Each classroom (each classroom also has 1 bum bag for Yard Duty and for use on walking excursions)
- Gym

- Pool
- Each school bus
- Staffroom

The first aid kits provide basic equipment for administering first aid for injuries including:

- cuts, scratches, punctures, grazes and splinters
- muscular sprains and strains
- minor burns and scalds
- major bleeding wounds
- broken bones
- eye injuries
- resuscitation (mouth guard)
- shock

First aid kits:

- are immediately identifiable by having a white cross on green background prominently displayed on the outside
- contain a list of the contents for that kit
- are checked and replenished by the Administrative Assistant fortnightly (or as required by class teams; whichever is sooner)

The Administrative Assistant:

- ensures that first aid kits are available and easily identifiable
- undertakes checks (see above) of all First Aid kits to ensure they contain a complete set of the required items
- ensures that items are in good working order, have not deteriorated and are within their expiry dates and that sterile products are sealed and have not been tampered with
- ensures that a spare auto adrenaline injecting device (e.g. Epipen) is available in the Reception Area and in any classroom where any student has such a device
- ensures that there is a spare inhaler in the Reception Area
- undertakes checks (see above) on auto adrenaline injecting devices (e.g. Epipens) and ensures they are in date and available and contacts parents/ carers to replace them as necessary
- undertakes checks (see above) on spacers/ inhalers and ensures they are in date and available and contacts parents/ carers to replace them as necessary
- signs and dates the inventory list in the kit after each check
- keeps a list of staff who are appointed as First Aiders and advises those on the list as to when their credentials require updating
- ensures that the school has the appropriate containers for the safe disposal of syringes

A First Aider at Giant Steps Tasmania is a person who has been appointed by Giant Steps Tasmania to provide first aid and 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 and so are eligible to receive the First Aid Allowance.

In order to be eligible for the First Aid Allowance, Giant Steps Tasmania staff:

- must be appointed to provide first aid by the Giant Steps Tasmania Board (duty delegated to the Principal)

- must hold nationally recognised Statement/s of Attainment issued by a Registered Training Organisation (RTO) for a nationally endorsed first aid unit of competency which enables them to recognise and respond to common life-threatening injuries or illnesses, including life-support using cardiopulmonary resuscitation (CPR), and to manage the casualty and incident until the arrival of medical or other assistance;
- must attend training on a regular basis (as recommended by the Accrediting Body) to refresh their first aid knowledge and skills and to confirm their competence to provide first aid;
- must undertake refresher training in CPR;
- must renew their first aid qualifications at least every three years (this must be done in their own time);
- must ensure that the Administrative Assistant has a copy of their up-to-date accreditation;
- may also need to undertake additional first aid training to respond to specific situations (e.g. how to respond to anaphylaxis) if this topic has not been covered in previous first aid training

The duty of a designated First Aider is to:

- administer first aid, and provide appropriate treatment for students, staff and visitors when in need in a competent and timely manner until the person recovers, or until paramedics arrive.

Reporting

If First Aid is required as a result of an Incident or Accident, the relevant form must be completed and handed to the Principal on the day of the Incident/ Accident. If First Aid is required by a student, the student's parent/ carer must be contacted (usually by the Administration Assistant) immediately. **This contact must not be left until the end of the day.**

If First Aid is not the result of an Incident or Accident (e.g. a seizure) a Medical Incident Form (orange) should be completed. Again, contact with the parent/ carer must be immediate.

Qualified First Aiders

An up-to-date list of qualified First Aiders is maintained by Administration and is available in the staff room and in each teaching and therapy area.

Authorised by:	Paul Bowman
Position:	Chair of Board
Signature:	
Date revisions accepted:	
Original policy developed by:	Chris Jacobsen
Position:	(Previously) Education Administrator
Date Original Policy developed:	Feb-May 2016
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Revisions prepared by:	Chris Jacobsen, Fairlight Educational Consulting
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Addenda

Addendum 1: Anaphylaxis Procedures & Emergency Management

Addendum 2: Asthma Procedures & Emergency Management

Addendum 3: Epilepsy Procedures & Emergency Management

Addendum 4: Diabetes Procedures & Emergency Management

Addendum 5: Safe Disposal of Syringes Procedure

Addendum 1: Anaphylaxis Procedures

Anaphylaxis is a severe, allergic reaction that is potentially life-threatening. The most common allergens in young people are peanuts, eggs, cashews, cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

The key to prevention of anaphylaxis at Giant Steps Tasmania is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to those triggers. Partnership between school and parents/ carers is important in ensuring that certain foods or items are kept away from the student while at school.

Adrenaline administered through an Epipen or its equivalent to the muscle of the outer thigh is the most effective first aid treatment of anaphylaxis.

To support students with anaphylaxis, Giant Steps Tasmania:

- requires parents/ carers to provide the school with information on a student's allergies prior to enrolment;
- requires parents/ carers to obtain a medical practitioner's plan for the management of the student's allergies prior to enrolment;
- requires parents/ carers of Giant Steps Tasmania students at risk of anaphylaxis to provide an auto adrenaline injecting device prior to enrolment;
- ensures that a spare auto adrenaline injecting device (e.g. Epipen) is located in the Reception area and in classrooms where a student at risk of anaphylaxis is present;
- ensures that an auto adrenaline injecting device is taken in the first aid kit on all excursions on which a student at risk of anaphylaxis is present;
- ensures a copy of each young person's medical plan is located in the appropriate classroom;
- authorises the Administrative Assistant to be responsible for checking the expiry dates of the auto adrenaline injecting devices and of notifying parents/ carers prior to expiry;
- requires parents/ carers to ensure that a medical practitioner updates each student's medical plan (at least) at the start of the academic year and mid-year;
- ensures that in the event of a suspected anaphylactic emergency, an ambulance will be called;
- liaises with parents/carers about food related activities;
- briefs staff about students at risk of anaphylaxis;
- ensures that all staff at Giant Steps Tasmania are briefed once each term by a staff member with up-to-date anaphylaxis management training on:
 - the Giant Steps Tasmania students diagnosed at risk of anaphylaxis and the location of medication
 - the correct use of the auto adrenaline injecting device
 - the school's first aid and emergency management procedures.

EMERGENCY MANAGEMENT OF ANAPHYLAXIS

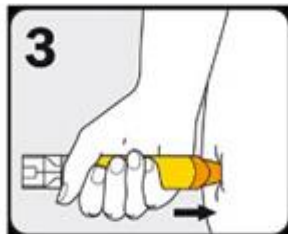
In the event of an anaphylactic episode, the auto adrenaline injecting device will be used by a member of staff on the young person experiencing anaphylaxis as follows:



1. Form fist around EpiPen and **PULL OFF BLUE SAFETY RELEASE.**



2. **PLACE ORANGE END** against outer mid-thigh (with or without clothing).



3. **PUSH DOWN HARD** until a click is heard or felt and hold for 10 seconds.

REMOVE EpiPen. Massage injection site for 10 seconds.

Information on the use of Epipens is included in each First Aid Kit

If the attack occurs in the classroom:

- The teacher in charge will contact the Front Office. If possible the student will be taken to a quiet space where their personal auto adrenaline injecting device (EpiPen) can be used. Alternatively, it might be possible to move other students who are in the classroom in order to give the student who is experiencing the attack privacy.
- In an Emergency a member of staff can use another student's device.
- When it is decided to use the EpiPen, **000** will be rung immediately.

If the attack occurs in the playground:

- A member of staff on duty would normally have the student's auto adrenaline injecting device with them in the playground First Aid kit. Should this not be the case, the staff

member will contact the Front Office so that a disposable auto adrenaline injecting device can be provided.

- In an Emergency a member of staff can use another student's device.
- After contacting the Front Office, the member of staff will call **000** for ambulance/emergency advice.

If the attack occurs during an off-site activity:

- the School will have informed any Third Party providers of any students with anaphylaxis, prior to the activity to ensure that appropriate arrangements are made for students participating in activities
- the auto adrenaline injecting device will accompany students at risk of anaphylaxis to all off-site activities
- the injecting device will be kept within close proximity to the student
- in the event of an anaphylactic episode, the supervising teacher will administer the auto adrenaline injection
- the supervising teacher will ring **000** for medical assistance

Nuts: At Giant Steps Tasmania nuts are not banned, however there is regular communication with parents via the newsletter and Communication Books reminding them they should exercise caution when preparing lunches and snacks.

Important Note: Although confidentiality is important, it is equally important that all staff are aware of those students who are at risk of anaphylaxis.

Addendum2: Asthma Procedures

Asthma is a reversible narrowing of the airways in the lungs. People with asthma have sensitive airways in their lungs. When exposed to certain triggers their airways narrow, making it hard for them to breathe. Trigger factors that may lead to an asthma attack include colds/flu, exercise, pollens, changes in temperature, dust mites or cigarette smoke, and these triggers vary from person to person. Asthma symptoms include wheezing, coughing (particularly at night), chest tightness, difficulty in breathing and shortness of breath. Asthma is a treatable condition and although at present there is no cure for the condition, with good management, people with asthma can lead normal, active lives.

There are three main groups of asthma medications:

1. Relievers: Inhaled medications – Airomir, Asmol, Bricanyl, Ventolin (blue)
Relievers provide relief from asthma symptoms within minutes by relaxing the muscles around the airways for up to four hours.
Students, wherever possible should carry their blue reliever medication at school in case they need to use it, particularly for an asthma emergency.

2. Preventors: Inhaled medications – Alvesco (rust), Flixotide (orange), Intal Forte (white), Pulmicort, Qvar (brown), Tilade (yellow); Oral medications – singulair
Students with moderate to severe asthma may use preventors. Students usually take these medications at home.

3. Symptom Controllers: Foradile (pale blue), Oxis, Serevent (green)
These are long acting relievers that help to relax the muscles around the airways for up to 12 hours. They are taken daily, usually at morning and night.

To support students with asthma, Giant Steps Tasmania:

- requires parents/ carers to provide the school with information on a student's asthma prior to enrolment;
- requires parents/ carers to obtain a medical practitioner's plan for the management of the student's asthma prior to enrolment;
- requires parents/ carers of Giant Steps Tasmania students at risk of asthma to provide appropriate medication prior to enrolment;
- ensures inhalers/ spacers are located close to the student in the appropriate classrooms;
- ensures that a spare inhaler/ spacer is located in the Reception Area;
- ensures that an inhaler/ spacer is taken in the first aid kit on all excursions on which a student at risk of asthma is present;
- ensures a copy of each student's medical plan is located in the appropriate classroom;
- authorises the Administrative Assistant to be responsible for checking the expiry dates of the inhalers and of notifying parents prior to expiry;
- requires parents/ carers to ensure that a medical practitioner updates each student's medical plan (at least) at the start of the year and mid- year;
- briefs staff about students at risk of asthma;
- ensures that all staff at Giant Steps Tasmania are briefed once each term by a staff member with up-to-date asthma management training on:
 - the Giant Steps Tasmania students diagnosed at risk of asthma attacks and the location of medication
 - the correct use of inhalers/ spacers
 - the school's first aid and emergency management procedures.

Asthma symptoms may involve:

- Coughing, soft wheeze, minor difficulty in breathing.
- Persistent cough, loud wheeze, obvious difficulty in breathing and able to speak in short sentences only.
- Distress and anxiousness, gasping for breath, unable to speak more than a few words, pale and sweaty and may have blue lips.

Regardless of the severity of the case, emergency management must commence immediately.

If the student's condition suddenly deteriorates or there is concern at any time, the member of staff calls an ambulance immediately on 000 and states that the person is having an asthma attack.

EMERGENCY MANAGEMENT OF ASTHMA

In an asthma attack, follow the Plan supplied by the student's Medical Practitioner. If the documentation is not available, follow the Asthma Medical Emergency Plan (below). If a person has difficulty breathing and is not known to have asthma, call an ambulance immediately and follow the Asthma Medical Emergency Plan below. **No harm is likely to result from giving a blue reliever puffer.**

Asthma Medical Emergency Plan

[to be followed if no other plan is available]

If the student's own blue Reliever medication (Ventolin, Airomir, Asmol, or Bricanyl) is not available, a blue Reliever puffer should be obtained from a First Aid Kit, or borrowed from another student/staff member and given without delay.

It does not matter if a different brand of blue Reliever medication (Ventolin, Airomir, Asmol, or Bricanyl) is used as all of these medications act in the same way.

Step 1: Sit the student upright and provide reassurance. Do not leave her/ him alone.

Step 2: Give 4 separate puffs of a blue Reliever.

The medication is best given one puff at a time via a spacer device. Ask the person to take 4 breaths from the spacer after each puff of medication. If a spacer is not available, use the blue reliever puffer on its own.

Step 3: Wait 4 minutes.

Step 4: If there is little or no improvement, repeat steps 2 and 3.

If there is still no improvement, call an ambulance immediately on **000**. Continue to repeat steps 2 and 3 while waiting for the ambulance.

Note: Blue Reliever medications are safe and it is not possible to overdose by following the instructions outlined. However, it is important to note the student may experience harmless side effects of shakiness, a fast heart or hyperactivity. These side-effects will wear off as the reliever does.

Important Note: Although confidentiality is important, it is equally important that all staff are aware of those students who suffer from asthma.

Addendum 3: Epilepsy Procedures

Epilepsy refers to recurrent seizures. A seizure is a disruption in normal brain functioning that can cause disturbance of consciousness and/or body movements. This disruption occurs due to the uncontrolled overactivity of brain cells. Once this abnormal activity ceases, so does the seizure.

About 250,000 Australians live with epilepsy and children represent approximately 40% of the population with epilepsy. (<https://www.epilepsy.org.au/facts-and-statistics-2/>)

Epilepsy is not an indicator of intellectual disability or any other limitation. Many people have epilepsy and no other associated health problems. With effective management, people with epilepsy lead active and fulfilling lives.

There is an increased incidence of epilepsy with certain conditions, including autism, cerebral palsy and Down Syndrome.

Some common triggers of epilepsy are:

- missing medication for non-epileptic conditions
- suddenly stopping anti-convulsant medication or missing a dose
- infection or illness, especially if associated with a temperature
- lack of sleep
- extreme emotions, such as excitement about an excursion, stress or boredom
- hyperventilation/over-breathing
- pre-menstrual hormonal changes
- head injury
- alcohol or drugs
- interaction between anti-convulsants and other medication (including oral contraception) reducing the effectiveness of the anti-convulsant
- flickering lights (computers are not usually a problem)
- missing meals
- significant changes in temperature or extreme temperatures.

Anti-convulsant medication is prescribed for most people with epilepsy and can control seizures completely for most. Anti-convulsant medication is often taken twice daily, 12 hours apart (i.e. taken morning and night), so medication is not normally required during school hours.

To support students with epilepsy, Giant Steps Tasmania:

- requires parents/ carers to provide the school with information on a student's epilepsy prior to enrolment
- requires parents/ carers to obtain a medical practitioner's plan for the management of the student's epilepsy prior to enrolment;
- requires parents/ carers of Giant Steps Tasmania students at risk of epileptic seizures to provide appropriate medication prior to enrolment (**Note: First Aiders are not allowed to administer rectal diazepam. Intranasal midazolam can be administered by First Aiders specifically trained to do so**);
- ensures a copy of each student's medical plan is located in the appropriate classroom;
- requires parents/ carers to ensure that a medical practitioner updates each student's medical plan (at least) once a year;
- briefs staff about students at risk of epileptic seizures;

- ensures that all staff at Giant Steps Tasmania are briefed once each semester by a staff member with up-to-date epilepsy management training on:
 - the Giant Steps Tasmania students diagnosed at risk of epileptic seizures and the location of medication
 - the school's first aid and emergency management procedures.

Safety is a particular issue for people with epilepsy. Any activity where an unexpected loss of consciousness could result in harm to the person affected or other people is assessed thoroughly via a Risk Assessment prior to the commencement of the activity.

EMERGENCY MANAGEMENT OF EPILEPSY

When someone is having a seizure and does not have any medication with them to control it, the first aider must wait for the seizure to cease spontaneously or for an ambulance to arrive, while following first aid procedure.

When a person starts having a seizure the following standard first aid steps should be taken:

- Note the time the seizure started
- Protect the person from injury
- Do not restrain the person
- Do not place anything in the mouth
- Roll the person on to the side in the recovery position as soon as possible
- Monitor the airway.

If the person is in a safe environment and the airway is being maintained there is no need to move them out of, for example, a wheelchair or other awkward equipment.

If the seizure stops within three minutes and there are no complications (i.e. injury):

- Maintain the person in the recovery position until conscious
- Observe first aid principles
- Record your observations, including the time the seizure stopped
- Inform emergency contacts

Call an ambulance if:

- the seizure continues for more than three minutes in children or five minutes in adults
- another seizure quickly follows
- Midazolam or diazepam has been administered as prescribed
- the epilepsy and seizure care plan tells you to
- you suspect breathing difficulty
- you suspect injury
- you are worried
- it is the first seizure for the person
- the seizure occurred in water
- the person is pregnant

Whenever giving first aid for a seizure, it is important to reassure the person and explain what is happening.

Important Note: Although confidentiality is important, it is equally important that all staff are aware of those students who suffer from epilepsy.

Addendum 4: Diabetes Procedures

Type 1 diabetes is an autoimmune disease where the body's immune system mistakenly attacks and destroys the insulin-producing cells in the pancreas. This means the pancreas cannot produce insulin, a hormone crucial for moving glucose (sugar) from the blood into cells for energy. Consequently, glucose builds up in the bloodstream, leading to high blood sugar levels.

Symptoms of type 1 diabetes can include excessive thirst, frequent urination, unexplained weight loss, fatigue, and blurred vision.

There is no cure for Type 1 diabetes and it requires lifelong management, including regular insulin injections or use of an insulin pump, along with the careful monitoring of blood glucose levels.

All staff members involved in supporting the management of a student's diabetes will undertake specific training in this area.

At Admission, or as soon as a student is diagnosed with Type 1 diabetes, a management plan which is drawn up by a medical practitioner, will be shared with the school by the student's parent/ carer.

The plan will include the following information:

- Which medical practitioner(s) drew up the plan and how they can be contacted
- The name and contact details of the student's parent/ carer
- How/ when a student's blood-sugar is monitored
- What should be done if the student is experiencing hypoglycaemia (low blood-sugar)
- What should be done if the student is heading towards hypoglycaemia
- What should be done if the student is experiencing hyperglycaemia (high blood sugar)
- How often/ in what circumstances Insulin is administered
- Which staff members are responsible for checking the student's glucose levels and for administering insulin
- Whether/ How the student's diabetes affects their ability to participate in off-site activities, physical activity and examinations
- Any particular equipment or resources that will be supplied by the parent
- When the plan will next be reviewed

Important Note: Although confidentiality is important, it is equally important that all staff are aware of those students who have diabetes.

EMERGENCY MANAGEMENT OF DIABETES

In a diabetes emergency, follow the Plan supplied by the student's Medical Practitioner and discussed with the student's Parent/ Carer. If the documentation is not available, follow the Emergency Plan (below) which is based on the St. John's Ambulance First Aid Fact Sheet for Diabetes Emergencies.

Signs & Symptoms	What to do
High blood sugar	High blood sugar (hyperglycaemia)
• excessive thirst • tiredness • blurred vision • hot, dry skin • smell of acetone on breath	1 If the patient has medication, ask if they need assistance administering it. Only help the patient if they request it. 2 Encourage the patient to drink water. 3 Seek medical aid if symptoms worsen. 4 If the patient has not yet been diagnosed with diabetes, encourage them to seek medical aid.
Low blood sugar	Low blood sugar (hypoglycaemia)
• weakness, shaking • sweating • headache • faintness, dizziness • lack of concentration • teariness or crying • irritability or altered behaviour • hunger • numbness around the lips and fingers These symptoms can progress quickly to: • slurred speech • confusion • loss of consciousness • seizures	1 Help the patient to sit or lie in a comfortable position. 2 Reassure the patient. 3 Loosen any tight clothing. 4 Give the patient sugar, such as fruit juice or a soft drink (NOT 'diet' such as Coke Zero, Pepsi Max), sugar, jellybeans, glucose tablets. 5 Continue giving sugar every 15 minutes until the patient recovers. 6 Follow with carbohydrates, e.g. a sandwich, milk, fresh or dry fruit, or dry biscuits and cheese. 7 If there is no improvement in symptoms or the patient becomes unconscious, call Triple Zero (000) for an ambulance. If you are not sure if the patient has low or high blood sugar, give them a drink containing sugar (DO NOT use 'diet' soft drinks such as Coke Zero, Pepsi Max). Giving any form of sugar can save a patient's life if blood sugar is low, and will not cause undue harm if blood sugar is high.

Addendum 5: Safe Disposal of Syringes Procedure

Some students at Giant Steps Tasmania may be on medication which requires injection. In addition, it is possible that needles or syringes may be found on site. Knowing how to handle and dispose of needles and syringes safely and so reduce the risk of needle-stick injuries is therefore important for all staff.

It is also important to know that **unsafe** disposal of needles and syringes is illegal. The *Environmental Protection (Waste Management) Regulation 2000* requires that needles and syringes be disposed of in a rigid-walled, puncture-resistant, sealed container.

The latest advice is that the best and safest way to pick up a syringe is by hand using thin disposable gloves that do not interfere with dexterity. The use of grabbers or other implements to pick up syringes increases the risk of injury through uncontrolled flicking of the syringe.

To reduce the risk of staff or students suffering stick injuries and to ensure the safe disposal of needles and syringes, Giant Steps Tasmania ensures that:

- a specific container is available for the disposal of sharps
- the container is not disposed of with the rest of the school waste, but as recommended by the local council
- regular site inspections are carried out to identify any sharps on site
- students are never allowed to handle needles/syringes
- before staff handle sharps they move away any people (especially children) who are nearby
- staff understand the importance of having space to move and to clearly observe the sharps and their hands
- staff understand the importance of not handling more than one item at a time. If there are multiple sharps, they carefully separate them using a stick or implement. They do not try to flick them or pick them up with a grabber/implement
- needles and syringes are disposed of in the sharps container.

FIRST AID PROCEDURE FOR STICK INJURIES

- Stay calm
- Encourage the wound to bleed (gently squeeze)
- As soon as possible wash the area with running water and soap (if available)
- Apply an antiseptic and band-aid
- As soon as possible contact your line manager/ the Principal
- It is important to be medically assessed as soon as possible. Visit your local doctor or hospital emergency department promptly; they will manage blood testing, counselling and possible hepatitis B and tetanus vaccination and/or medication
- Dispose of the needle/syringe safely. Testing of syringes is usually not conducted so there is no need to keep the syringe.

FIRST AID KITS

Major First Aid Kit (Staffroom) – stored in Green box with a white cross

(Quantities to be reviewed termly by a risk assessment in consultation with relevant employees)

Item	Quantity	Type	Expiry date	Refill?
First Aid Handbook from Australian Red Cross, or Australian First Aid from St John's Ambulance Australia	1			
Gauze swabs	100	7.5 x 7.5cm		
Sterile saline ampoules	12	15ml		
	12	30ml		
Paper towels	1 packet			
Sterile unmedicated non-adhesive dressings	8	5 x 5cm		
	4	7.5 x 7.5cm		
	4	10 x 10cm		
Combine pads	12	10 x 10cm		
Band aids – non-allergic/plain	1 packet			
Single use Nitrile gloves	3 packets	As required		
Steri strips ("butterfly" stitches)	1 packet			
Adhesive tape – non-allergenic/paper	1 roll	5 x 2.5cm		
Conforming bandages	2	2.5cm		
	2	5cm		
	6	7.5cm		
	2	10cm		
Triangular bandages	6			
Crepe bandages (hospital weight)	2	2.5cm		
	2	5cm		
	6	7.5cm		
	2	10cm		
Heavy elastic bandages	2	15cm		
Ventolin puffer	1			
Spacer device for Ventolin use (not reusable)	1			
70% alcohol swabs (for cleaning reusable items as required)	1 packet			
Written instructions on asthma management	1			
Medicine measure	1			
Stainless steel scissors	1			
Heavy duty pair of scissors able to cut through clothing if necessary	1			
Disposable splinter probes	1			
Sharps/Biohazard container for contaminated waste	as appropriate			
Plastic bags for disposal of contaminated waste	as appropriate			
Tweezers	1 packet			
Gel packs (kept in refrigerator)	2			
Adhesive sanitary pads	1 packet			
Flexible "sam" splints	1 set			

Safety pins	1 packet			
Thermal blanket	1			
Blanket and sheet	1 of each			
Antiseptic hand wash/germicidal soap	1			
Box of paper tissues	1 box			
Ice cream containers or emesis bags for vomit	as appropriate			
Book to record details of first aid provided	1			
Non-stick unmedicated wound dressings	4	sml		
	4	med		
	4	large		
Resuscitation face mask (reusable)	1			
Sterile eye pads	1 packet			
Eye wash bottle	1			
Burns Module (non-stick gel padded dressing with bandage attached)	4 modules			
Spare adrenaline auto-injection device	1			
Written instructions on use of adrenaline auto-injection device	1			

Blood Spill/Vomit Kit (Staffroom) – stored in Yellow box with a red cross

(Quantities to be reviewed termly by a risk assessment in consultation with relevant employees)

Items	Quantity	Type	Expiry Date	Refill?
Single use nitrile gloves	1 packet			
Paper towels	1 packet			
Single use plastic bags	1 packet			
Detergent	1 bottle			
Absorbent material “kitty litter”	1 pack			
Biohazard waste bin	1			
Eye Protection (Glasses)	1			
Gown	1			

General First Aid Kits (Kept in Green, Red, Orange, Blue classrooms 1 on each bus – stored in green boxes with white cross) (Quantities to be reviewed termly by a risk assessment in consultation with relevant employees)

Item	Quantity	Type	Expiry Date	Refill?
First Aid Handbook from Australian Red Cross, or Australian First Aid from St John's Ambulance Australia	1			
Single use nitrile gloves	2 packets			
Gauze swabs	20	7.5 x 7.5cm		
Sterile saline ampoules	6	15ml		
	6	30ml		
Paper towels	1 packet			
Sterile unmedicated non-adhesive dressings	4	5 x 5 cm		
	2	7.5 x 7.5cm		
	2	10 x 10cm		
Combine pads	6	10 x 10cm		
Band aids – non-allergic/plain	1 packet			
Steri strips ("butterfly" stitches)	1 packet			
Adhesive tape – non-allergic/paper	1 roll	5 x 2.5cm		
Conforming bandages	1	2.5cm		
	1	5cm		
	3	7.5cm		
	1	10cm		
Triangular bandages	2			
Crepe bandages (hospital weight)	1	2.5cm		
	1	5cm		
	3	7.5cm		
	1	10cm		
Heavy elastic bandages	1	15cm		
Ventolin puffer	1			
Spacer device for Ventolin use (not reusable)	1			
70% alcohol swabs (for cleaning reusable items as required)	1 packet			
Written instructions on asthma management	1			
Medicine measure	1			
Stainless steel scissors	1	medium		
Heavy duty pair of scissors able to cut through clothing if necessary	1			
Disposable splinter probes	1			
Sharps container for waste	1			
Plastic bags for disposal of contaminated waste	1 packet			
Tweezers	1			
Chemical cold packs (no refrigeration required)	1			
Adhesive sanitary pads	1 packet			
Flexible "sam" splints	1 set			
Safety pins	1 packet			
Thermal blanket	1			
Antiseptic hand wash/germicidal soap	1			
Box of paper tissues	1 box			

Ice cream containers or emesis bags for vomit	1			
Book to record details of first aid provided	1			
Non-stick wound dressings (padded dressing with bandage attached)	1	Small		
	1	Medium		
	1	Large		
Resuscitation masks (disposable)	1			
Sterile eye pads	1 packet			
Eye wash bottle	1			
Burns Module (non-stick gel padded dressing with bandage attached)	1 module			
Spare adrenalin auto-injection device	1			
Written instructions on use of adrenaline auto-injection device	1			

First Aid Kit (Swimming Pool & Gym – stored in green box with white cross) (Quantities to be reviewed termly by a risk assessment in consultation with relevant employees)

Item	Quantity	Type	Expiry Date	Refill?
First Aid Handbook from Australian Red Cross, or Australian First Aid from St John's Ambulance Australia	1			
Gauze swabs	20	7.5 x 7.5cm		
Sterile saline ampoules	6	15ml		
	6	30ml		
Paper towels	1 packet			
Sterile unmedicated non-adhesive dressings	4	5 x 5cm		
	2	10 x 10cm		
Band aids – non-allergic/plain	1 packet			
Steri strips (“butterfly stitches”)	1 packet			
Adhesive tape – non-allergenic/paper	1 roll	5 x 2.5cm		
Conforming bandages	1	2.5cm		
	1	7.5cm		
Crepe bandages (hospital weight)	1	2.5cm		
	1	7.5cm		
Heavy elastic bandages	1	15cm		
Ventolin puffer	1			
Spacer device for Ventolin use (not reusable)	1			
70% alcohol swabs (for cleaning reusable items as required)	1 packet			
Written instructions on asthma management	1			
Stainless steel scissors	1	medium		
Heavy duty pair of scissors	1			
Flexible "sam" splints	1 set			
Safety pins	1 packet			
Thermal blanket	1			
Antiseptic hand wash/germicidal soap	1			
Box of paper tissues	1 box			
Plastic bags for disposal of items	1 pack			
Book to record details of first aid provided	1			
Eye wash bottle	1			
Non-stick wound dressings (Sml, med, lge)	1 of each			
Resuscitation masks (disposable)	1			
Sterile eye pads	1 packet			
Eye wash bottle	1			
Spare adrenalin auto-injection device	1			
Written instructions on use of adrenaline auto-injection device	1			

Yard Duty Bags (also to be taken on walking excursions)

(Quantities to be reviewed termly by a risk assessment in consultation with relevant employees)

Items	Quantity	Type	Expiry Date	Refill?
Single use nitrile gloves	2			
Sterile saline ampoules	6			
Gauze bandages	1	2.5cm		
	1	5cm		
Band-aids	1 packet			
Resuscitation face mask (reusable)	1			
Mobile phone/cordless phone/two way radio (optional)	1			
Heavy elastic bandages	1	15cm		
Ventolin puffer	1			
Spacer device for Ventolin use (not reusable)	1			
70% alcohol swabs (for cleaning reusable items as required)	1 packet			
Written instructions on asthma management	1			
Spare adrenalin auto-injection device	1			
Written instructions on use of adrenaline auto-injection device	1			