

Elmhurst Primary School
First Aid Policy
April 2017-2020

OVERVIEW

This First Aid policy document was initially reviewed and accepted by School Council in August 2014 and for review in August 2017. In August 2017, The Department of Education released updated First Aid policies for the following:

- [First Aid Needs](#)
- [First Aid Rooms](#)
- [Major First Aid Kits](#)
- [Portable First Aid Kits](#)
- [School Nurses and First Aid Coordinators](#)
- [Syringe Disposals/Injuries](#)

These policies are included below.

Rationale

Children and staff have the right to feel safe and well, and know that they will be attended to with due care when in need.

Aims

To protect the health and wellbeing of children and staff
To administer First Aid to children when in need in a timely and competent manner
To communicate children's health problems to parents/guardians when necessary
To provide supplies and facilities to cater for the administration of First Aid
To maintain a sufficient number of staff trained with a Level 2 First Aid Certificate
To increase awareness and understanding of asthma; diabetes, severe allergic reactions; and to actively support the school community in the effective management of asthma and allergies

Implementation:

School Responsibilities

- A minimum of 2 trained First Aid officers with a minimum Level 2 First Aid Certificate and up to date CPR qualification is employed by the School. This may include administration staff.
- Any children needing supervision of an illness will be supervised by a staff member at all times. This will either happen on the seats outside the 3-6 room until a parent arrives for collection or on pillows in the Junior room.
- A fully equipped first aid supply bag will be maintained, equipped and available at all times.
- First Aid kits will be taken on all camps and excursions
- A complete First Aid kit will be kept at the back door emergency area at all times.
- Any student in the First Aid area (staff room) will be supervised by a staff member at all times

- A confidential, up to date register will be kept of all injuries or illnesses experienced by children that require First Aid. For more serious injuries and illnesses the parents/guardians will be contacted so that professional treatment may be organised
- All staff will be provided with basic First Aid procedures, including blood spills, asthma, diabetes and allergic reaction management. Revision of recommended procedures for administering asthma medication and allergy/anaphylaxis recognition and treatment will also be reviewed regularly. (beginning of every school year)
- A supply of protective disposable gloves will be available for use by staff. Gloves are available in the First Aid emergency area, staffroom and in the classroom
- Stocking of the first aid bag is in consultation with the staff at the Elmhurst Bush Nursing Centre. Checking for expiry dates once a year by delegated First Aid officer.
- Yard Duty teachers will notify off duty teacher should he/she be required to take a student inside for treatment / notify suitable qualified first aid trained level 2 teacher to take over treatment.
- Anyone with injuries involving blood MUST have the wound appropriately covered at all times. Disposal of items used to be placed in the designated blood bin located in the Staff toilet.
- Parents/guardians will be contacted and advised to take responsibility for ill or seriously injured children. If the child requires hospital treatment and the parent/guardian cannot be contacted an ambulance will be called to transport the child to hospital
- Copies of signed forms giving consent for medical treatment will be taken on all camps and excursions
- Any injuries to a child's head or face must be reported to the parent/guardian
- New parents will be informed of life threatening reactions to allergy-causing foods that have been banned in the school by the School Council. (Anaphylactic reactions are immediate, severe, life threatening reactions to an allergy-causing substance.). Specific details for dealing with allergy and anaphylaxis are dealt with in the schools Anaphylaxis Policy
- At the commencement of each year requests for updated medical information will be sent home, including requests for asthma management plans, high priority medical information and reminders to parents/guardians of policies and practices used by the school to manage First Aid, illnesses and medication throughout the year
- All children, especially those with a documented asthma management plan, will have access to Ventolin and a spacer at all times (Ventolin may be administered without parental permission, as recommended under DEECD Guidelines)
- Children with a known severe allergic reaction will have a management plan in place. Emergency medication will be readily available for use. All staff will be made aware of its location and how to administer medication

Medication:

Medication means any substance that is supplied by a pharmacist or health practitioner. It also includes over the counter and natural therapy products.

- Parents are strongly encouraged to administer medicine to their children outside of school hours if possible. The school also needs to be notified of times and quantity of medication administered.
- Students are not permitted to be in possession of any medication. Exceptions include asthma inhalers and sore throat lollies.
- Medicine will only be administered at school if it is accompanied by a signed "Medication at School" form with clear instructions.

- Any medication needs to be clearly marked with name and instructions and in an appropriate container, preferably in its original packaging.
- No medication including headache tablets will be administered to students without the express written or verbal permission of parents or guardians.
- Prior to administering medication to a student, the first aid officer will check it is:
 - The right student
 - The right medication
 - The right time
 - The right dose
 - The right method of administration
- If a staff member is uncomfortable to administer medication for any reason they may refuse and alternate arrangements will be sought.

Parent Responsibilities

- Children will be excluded from school in line with DEECD guidelines regarding infectious diseases
- No medication, including headache tablets, will be administered to children, with the exception of Ventolin, without the express written permission of parents/guardians, this approval must be granted for a specified reason and requires a signed letter of approval (may be a signed fax or a scanned signed letter via email). In an emergency, parents will be contacted by phone to approve the administering of the necessary medication.
- Students with asthma will require the appropriate asthma medication along with an asthma management plan. All asthma medication must be properly labelled
- Students with allergies will require the appropriate allergy medication along with an allergy management plan. All allergy medication must be properly labelled
- All students attending excursions and camps will require a signed permission form providing medical details and giving permission to contact a doctor or ambulance if needed
- No parent or child is to remove or use First Aid equipment unless supervised by a staff member
- Parents/guardians are to advise the school of any change of address, telephone numbers and emergency contacts, doctor or place of work, or any changes to medical information
- Parents/guardians must ensure that children with severe allergic reactions or illnesses have a management plan and the appropriate medication is available for use at school

References:

EPS Anaphylaxis Policy

Evaluation

- A register of all injuries reports be kept in the office. A duplicate given to parents.
- Safety issues will be monitored on an ongoing basis as necessary

This policy will be reviewed as part of the school's review cycle unless an issue arises which requires review.

This policy was ratified by School Council – August 2017

Due for Review in August 2020

Asthma Emergency Kits

Purpose of this policy

To ensure schools have the right equipment to manage asthma emergencies.

Policy

Schools must provide and maintain at least two Asthma Emergency Kits - one to keep at the school, and a mobile kit for activities such as excursions and camps. it is recommended that large schools have an additional kit for every 300 students, see [Locations](#).

Contents

Asthma Emergency Kits must contain:

- at least 1 blue or blue/grey reliever medication such as Airomir, Asmol, or Ventolin
- at least 2 spacer devices (for single person use only) to assist with effective inhalation of the blue or blue/grey reliever medication (ensure spare spacers are available as replacements)
- clear written instructions on Asthma First Aid, including:
 - how to use the medication and spacer devices
 - steps to be taken in treating an asthma attack
- a record sheet/log for recording the details of a first aid incident, such as the number of puffs administered - record sheets can be downloaded from the Asthma Foundation of Victoria web site.

Notes:

If schools are using the Lite-Aire Disposable Cardboard spacer in their Asthma Emergency Kits, the school needs to be aware that the imagery is printed in refined soy ink. Although the risk of developing an allergic reaction to refined soy ink is low, there is still a risk and should be taken into account when developing Individual Anaphylaxis Management Plans for students diagnosed with soy allergy and Asthma.

Schools are not required to provide a nebuliser for students. If a student is prescribed a nebuliser, they should bring their own to school. Parents can obtain information on the use of nebulisers from the manufacturer (all nebulisers are labelled with the manufacturer's name). The Asthma Foundation of Victoria has nebulisers information for parents, carers and schools, see: [Asthma Foundation of Victoria - Nebuliser Information](#)

The Asthma Foundation of Victoria also provides a range of information for staff including a fact sheet about using reliever medication/spacers, first aid poster, Asthma Emergency Kits, free asthma education sessions, planning and support, see [Asthma Foundation of Victoria](#)

Complete Asthma Emergency Kits can be purchased from the Asthma Foundation of Victoria or the components can be purchased through retail pharmacies.

Regular checks

A nominated staff member should be responsible for maintaining the Asthma Emergency Kit/s, including:

- ensuring all contents are maintained and replaced when necessary
- regularly checking the expiry date on the canister of the blue or blue/grey reliever puffer and replacing it if expired or low on doses
- replacing spacers in the Asthma Emergency Kit after each use spacers are single-person use only. Once used, the spacer can be given to that student, or thrown away.
- previously used spacers should be disposed of.

Note: Schools can legally purchase a blue or blue/grey reliever puffer for first aid purposes from a pharmacist on the written authority of the principal.

Cleaning requirements

Asthma spacers are single-person use only. To avoid infection transmission via mucus, spacers and masks must only be used by the one student. They should be stored in a dustproof container.

Note: Blue or blue/grey reliever medication ‘puffers’ in the Asthma Emergency Kit may be used by more than one student, as long as they are used with a spacer. If the medication delivery device (e.g. puffer) comes into contact with someone’s mouth it cannot be reused by anyone else and must be replaced.

Cleaning puffer after every use

Step	Action
1	Remove the metal canister from the puffer. Do not wash the canister.
2	Wash the plastic casing.
3	Rinse the mouthpiece through the top and bottom under running water for at least 30 seconds. Wash mouthpiece cover.
4	Air dry then reassemble.
5	Test the puffer to make sure no water remains in it, then return to the Asthma Emergency Kit.

Locations

Asthma Emergency Kits should be located strategically around the school and readily available in an asthma emergency. Mobile Asthma Emergency Kits are also required for:

- the office/administration area
- yard duty
- excursions/sports days
- camps.

Related policies

- [Asthma](#)
- [Asthma Attacks: Treatment](#)

Other resources

- [The Asthma Foundation of Victoria](#)

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Last Update: 07 July 2017

Managing Open Wounds and Blood Spills

Purpose of this policy

To ensure schools respond safely to:

- students with open wounds
- blood spills.

Policy

Teachers, staff and principals must be familiar with the school's first aid procedures related to blood spills and bleeding students.

Treating bleeding students

This table describes how schools treat students who are bleeding.

Step	Action
1	Avoid contact with the blood while: comforting the student moving them to safety if required.
2	Put on single-use gloves.
3	Flush the wound using warm water.
4	Wash the wound using warm water and soap. Pat dry the wound and apply a waterproof occlusive dressing ensuring the wound is:
5	<ul style="list-style-type: none">• covered completely• and if bleeding continues, apply additional pressure using either a hand or firm bandage.

- Remove any linen stained with blood or body fluids and substances. Place them in leak-proof plastic bags until they can be cleaned by a commercial laundry or linen cleaning service, or dispose of.
- 6 Remove gloves and place them in an appropriate biohazard container.
- 7 Wash hands in warm soapy water and rinse before pat-drying thoroughly.

Managing blood spills

Blood spills should be treated as if the blood is potentially infectious.

This table describes how schools must manage blood spills. Note: all cuts and abrasions should be covered with a waterproof occlusive dressing at all times.

See: Infectious Diseases within [Related policies](#)

Step	Action
1	Put on single-use gloves and avoid direct contact with blood or other body fluids.
2	Use paper towels to mop up the spill. Dispose of the paper towels in an appropriate biohazard container.
3	Wash the area with warm water and detergent, then rinse and dry the area. Note: Take care not to splash.
4	Remove gloves and place them in an appropriate biohazard container, which should be a part of the school first aid kit.
5	Wash hands in warm soapy water and rinse thoroughly before pat-drying.
6	If re-usable items were used such as scissors or single-use tweezers, then an assessment must take place to consider how the item was used and determine the appropriate decontamination method. Example: If re-usable items are contaminated with blood or other body substances, they should be disposed of in a sharps or biohazard container. If they are not contaminated, they should be washed and dried. Single use items should be disposed of appropriately and replaced. For further advice contact the Department's OHS Advisory Service on 1300 074 715.

Related policies

- [Blood-Borne Viruses](#)
- [Duty of Care](#)
- [First Aid](#)
- [Infectious Diseases](#)
- [Major First Aid Kits](#)

Related legislation

- Occupational Health and Safety Act 2004

- Victorian WorkCover Authority Code of Practice - First Aid in the Workplace 1995

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Last Update: 07 July 2017

First Aid Needs

Purpose of this policy

To ensure schools meet their specific first aid needs to student at school or on approved school activities.

Policy

Schools must provide:

- first aid facilities
- ensure sufficient staff trained in first aid under the provisions of the *Occupational Health & Safety Act 2004* and the Department's First Aid and Infection Control advice, see: [Department resources](#)

Schools must ensure there is always a first aid officer who:

- can assist an injured or ill person
- has current qualifications covering all the school's first aid requirements.

Note: School nurses employed by school councils should be guided by the school's first aid policy.

Principals must ensure relevant staff receive additional training to meet student health needs.

Definition

First aid involves emergency treatment and support to:

- preserve life through:
 - clearing and maintaining open airways
 - restoring breathing or circulation
 - monitoring wellbeing until the person recovers or is transferred into the care of ambulance paramedic, doctor or nurse
- protect a person, particularly if they are unconscious
- prevent a condition worsening
- promote recovery.

Note: The goal of first aid is not to diagnose or treat the condition.

Meeting first aid needs

This table describes how schools meet student first aid needs.

Circumstance	Description
	First aid requirements for students with identified health care needs should be explained in the Student Health Support Plan or Anaphylaxis Management Plan.
Identified health need	<p>See: Health Care Needs</p> <p>To display a photo of a student and a description of their health care needs in a staff area, consent is required from:</p> <ul style="list-style-type: none"> • parents/guardians • the student, if they are at secondary school. <p>If a student feels unwell schools should:</p> <ul style="list-style-type: none"> • assess a range of signs and symptoms including: <ul style="list-style-type: none"> - whether the student has a fever - whether the students skin feels warm/hot to touch - if the student looks pale but has flushed cheeks - whether the student indicates that they feel hot <p>Note: The specific temperature is not the main indicator</p> <ul style="list-style-type: none"> • take action based on the summary of signs and symptoms • immediately seek emergency assistance, if there is: <ul style="list-style-type: none"> - any doubt about the student's condition, or - a sense that the student's condition is deteriorating. <p>See: Medical Emergencies</p>
Student feeling unwell	
Student has a minor injury	<p>When using an icepack to treat a minor injury such as a bump or bruise:</p> <ul style="list-style-type: none"> • do not apply directly to skin

Circumstance	Description
	<ul style="list-style-type: none"> remove if pain or discomfort occurs and use a cold compress (towel or cloth rinsed in cold water) as an alternative. <p>When an injury causes a nose bleed then an ice pack should not be used instead a cold compress may be used.</p> <p>In the following circumstances an icepack/cold compress should not be used and medical help should be sought (usually by calling an ambulance:</p>
Other injuries	<ul style="list-style-type: none"> loss of consciousness, even if only briefly a less than alert conscious state suspicion of a fracture suspicion of a spinal injury damage to eyes or ears penetration of the skin deep open wounds.

Identifying training requirements

The need for first aid varies at each school. This table describes how principals determine the first aid training requirements for the school, camps and excursions.

Stage	Description
	Identify potential causes of injury and illness :
1	<ul style="list-style-type: none"> check the environment for any potential hazards review any incident, injury and 'near miss' data available consider the nature of activities undertaken consult with staff obtain specialist or external advice, if required. <p>Identify the training required to meet the assessed need. Consider:</p>
2	<ul style="list-style-type: none"> how many staff need to be trained? what first aid competencies and training is required? what are the responsibilities and duties of individual teachers? whether first aid duties may be shared across several members of staff. <p>Identify the requirements for first aid kits including:</p>
3	<ul style="list-style-type: none"> how many kits are required? are the kits easily identifiable?

Stage	Description
	<ul style="list-style-type: none"> • who is responsible for maintaining the kits? <p>See: Major First Aid Kit</p> <p>Plan for first aid rooms including:</p>
4	<ul style="list-style-type: none"> • who is responsible for the first aid room and its contents? • have all factors been considered?. <p>See: First Aid Rooms</p>

Training

Staff who practice first aid should have their position descriptions updated to reflect this extra responsibility. They must receive:

- basic first aid training
- and where required, additional first aid modules to cover:
 - the health needs of students attending the school, such as asthma management, administration of the EpiPen; or
 - excursions, specific educational programs or activities.

Note: For a guide in determining how many staff require first aid training see: First Aid and Infection Control in [Department resources](#)

Related policies

- [Health Care Needs](#)
- [First Aid Rooms](#)
- [Major First Aid Kit](#)
- [Managing Open Wounds and Blood Spills](#)
- [Medical Emergencies](#)
- [School Nurses and First Aid Coordinators](#)
- [Syringe disposals/injuries](#)

Department resources

- [First Aid and Infection Control](#)

Other resources

- [First Aid in the Workplace \(Worksafe Victoria\)](#)

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Last Update: 14 August 2017

First Aid Rooms

Purpose of this policy

To ensure schools provide facilities to enable health support.

Policy

Schools must have facilities to allow provision of basic first aid care as well as first aid treatment such as minor cuts, scratches, bruising and for bodily injury.

Minimum requirements

The minimum requirements for a first aid room are contained in the Department's First Aid & Infection Control Procedure see: [Department resources](#)

First aid room

Facilities for first aid should allow:

- precautions against infection see: Infectious Diseases within [Related policies](#)
- reassurance and comfort, with a safe level of privacy; dignity; comfort and independence.
- employee and volunteer health, safety and welfare
- associated record keeping in accordance with privacy and confidentiality see: Health Records and Privacy within [Related policies](#)

Supervision

The first aid room should allow for short-term supervision and the ability to summon further assistance if required.

The level of supervision required in the first aid room varies depending on the case. For example, supervision:

- should be required for a student who has had a blow to the head and is feeling dizzy
- may not be required for a student with a slight headache, who needs a lie down.

Visiting health services

If schools have, or expect to have, visiting health care professionals, such as nurses, physiotherapists, etc, a facility must be available for provision of the health service.

Related policies

- [First Aid](#)
- [Health Records](#)
- [Infectious Diseases](#)
- [Major First Aid Kits](#)
- [Privacy](#)

Department resources

- [First Aid and Infection Control](#)

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Last Update: 14 August 2017

Major First Aid Kits

Purpose of this policy

To ensure schools have appropriate first aid equipment to enable health support.

Policy

Schools must:

- maintain at least one major first aid kit located in the sick bay
- store any medications separately from the first aid kit including any prescribed or non-prescribed medication provided by a student's parent/carer or adult/independent student.

Contents

First aid kit contents should meet the first aid requirements of individual schools. This table lists the general contents recommended by Ambulance Victoria.

Note: Thermometers are not:

- necessary for first aid
- used in general first aid training according to the *National Health Training Package (First Aid Units of Competency) HLT07* (February 2007).

**Type of
equipment**

Content includes

Type of equipment	Content includes
Current first aid manual	one of the following recommended first aid manuals:
	<ul style="list-style-type: none"> • First Aid Emergency Handbook from: <ul style="list-style-type: none"> - Survival Emergency Products - local suppliers - Ambulance Victoria First Aid • The First Aid Handbook from Australian Red Cross • Australian First Aid from St John Ambulance Australia.
Wound cleaning equipment	See: Other resources
	<ul style="list-style-type: none"> • gauze swabs: 100 of 7.5 cm x 7.5 cm divided into small individual packets of five sterile saline ampoules: 12 x 15 ml and 12 x 30 ml • disposable towels for cleaning dirt from skin surrounding a wound
Wound dressing equipment	<ul style="list-style-type: none"> • sterile, non-adhesive dressings, individually packed: <ul style="list-style-type: none"> - eight 5 cm x 5 cm - four 7.5 m x 7.5 m - four 10 cm x 10 cm for larger wounds • combine pads: twelve 10 cm x 10 cm for bleeding wounds • non-allergenic plain adhesive strips ('band aids'), without antiseptic on the dressing, for smaller cuts and grazes • steri-strips/wound closures for holding deep cuts together in preparation for stitching • non-allergenic paper/adhesive type tape, width 2.5 cm–5 cm, for attaching dressings • conforming bandages for attaching dressings in the absence of tape or in the case of very sensitive skin • six sterile eye pads, individually packed
	<ul style="list-style-type: none"> • six triangular bandages for: <ul style="list-style-type: none"> - slings - pads for bleeding - attaching dressings - immobilising injured limbs - splints etc • conforming bandages to hold dressings in place: <ul style="list-style-type: none"> - two of 2.5 cm - two of 5 cm - six of 7.5 cm - two of 10 cm • crepe bandages ("hospital weight") to secure a pad to control bleeding, to support soft tissue injuries (sprains & strains) and for 'Pressure Immobilisation Bandaging technique' for snake bite: <ul style="list-style-type: none"> - two of 2.5 cm - two of 5 cm
Bandages	

Type of equipment	Content includes
Injury treatment equipment	<ul style="list-style-type: none"> - six of 7.5 cm - two of 10 cm - two 15 cm • heavy elastic bandages; two 15cm. These are ideal to use for ‘Pressure Immobilisation Bandaging technique’ for snake bite or severe allergic reaction to other bites and stings. • one pair of: <ul style="list-style-type: none"> - stainless steel scissors (medium size) - trauma shears (heavy duty scissors for cutting clothing, bandages, shoelaces etc. if required) • disposable splinter probes and a sharps container for waste • disposable tweezers • for sprains, strains and bruises, two: <ul style="list-style-type: none"> - gel packs, kept in the refrigerator, or - disposable ice packs for portable kits made from small zip-lock plastic bags filled with water, frozen and wrapped in a cloth/bandage/disposable towel before being application • flexible ‘sam’ splints for fractured limbs (in case of ambulance delay) • additional 7.5 m crepe bandages and safety pins to attach splints • ice packs. • sun screen, ideally a low allergenic/sensitive skin type, with a sun protection factor of between 15+ and 30+ • single use sterile saline ampoules for the irrigation of eyes
	Notes:
Lotions and ointments	<ol style="list-style-type: none"> 1. Creams and lotions, other than those in aqueous or gel form, are not recommended in the first aid treatment of wounds or burns. 2. Antiseptics are not recommended. Cuts and abrasions should be cleaned initially under running water followed by deeper and more serious wounds being cleaned with sterile saline prior to dressing.
Hygiene and cleaning equipment	<ul style="list-style-type: none"> • single use nitrile gloves in various sizes such as small, medium and large
	<p>Note: Some people are allergic to latex gloves.</p> <ul style="list-style-type: none"> • blood and vomit spill kits • disposable hand towels • adhesive sanitary pads, as a backup for personal supplies • antiseptic hand wash/germicidal soap and nail brush for hand-cleaning before and after treatment only • single use antiseptic wipes for hand cleaning when water is not readily available • one box of paper tissues • paper towel for wiping up blood spills in conjunction with blood

Type of equipment	Content includes
	spill kit <ul style="list-style-type: none"> • single use plastic rubbish bags that can be sealed, for used swabs • a waste disposal bin suitable for taking biohazard waste <p>Note: Biohazard waste should be burnt. There are several companies that will handle bulk biohazard waste.</p> <ul style="list-style-type: none"> • ice cream containers or emesis bags for vomit.
Other equipment	<ul style="list-style-type: none"> • resuscitation face mask such as “pocket mask” type that can be cleaned/reused • one medicine measure for use with prescribed medications • disposable cups • one teaspoon • pen-like torch, to measure eye-pupil reaction • blanket and sheet, including a thermal accident blanket for portable kits • possibly a generic EpiPen® for treating anaphylaxis sufferers see: Anaphylaxis within Related policies

Related policies

- [Asthma Kits](#)
- [Anaphylaxis](#)
- [First Aid Rooms](#)
- [Portable First Aid Kits](#)

Department resources

- For a first aid kit checklist see: [First Aid & Infection Control](#).

Other resources

- [Survival Emergency Solutions](#): for Survival Emergency First Aid Kit
- [Australian Red Cross](#): for First Aid Handbook
- [St John Ambulance Australia](#): for Australian First Aid.

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Last Update: 17 August 2017

School Nurses & First Aid Coordinators

Purpose of this policy

To outline the role of school nurses and first aid coordinators.

Policy

School nurses or first aid coordinators undertake a range of responsibilities including:

- taking a lead role in supporting teachers and principals in health support planning
- having knowledge of:
 - all students with a support or management plan
 - the first aid response noted in the plans
- ensuring that student's emergency contact details are up to date
- ensuring all medications supplied by the student are within their use-by date
- working with staff to conduct regular:
 - reviews of management strategies
 - risk assessments
 - develop strategies to raise awareness in the school community about health and safety issues.

For more information about occupational health and safety, see: [Health, Safety and WorkSafe](#)

Related policies

- [First Aid Needs](#)
- [Health Care Needs](#)
- [Health Education Approaches](#)

Related legislation

- *Occupational Health and Safety Act 2004*

Department resources

- [Health, Safety and WorkSafe](#)

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Last Update: 14 August 2017

Syringe Disposals and Injuries

Purpose of this policy

To ensure schools safely manage:

- discarded needles
- needle stick injuries.

Policy

Teachers and principals must:

- be familiar with the school's disposal procedures for used needles
- actively discourage students from picking up needles or syringes.

Note: Schools should have a sharps container for discarded needles, stored out of reach of staff, students and visitors. If an approved disposal container is not available use a hard-wall container. Do not use glass bottles.

Equipment required

- Single use gloves
- Tongs
- Plastic bags
- Approved disposal container.

Needle disposal

This table describes how schools dispose of needles and syringes.

Step	Action
	If the discarded syringe or needle is:
1	<ul style="list-style-type: none">• accessible, continue with the disposal procedure• not accessible:<ul style="list-style-type: none">- mark the area so that others are not at risk- supervise area- contact the Syringe Disposal Helpline on 1800 552 355.
2	Put on single-use gloves.
3	Place the disposal container on the ground next to the syringe.
	Using tongs, pick up the syringe from the middle keeping the sharp end away from yourself and place it in the disposal container, needle point down.
4	Note: <ul style="list-style-type: none">1. Never try to recap a needle, even if the cap is also discarded.2. Long metal tongs can be used to reach difficult to access places.
5	Repeat step 4 for each individual needle or syringe.
6	Screw the lid of the disposal unit on firmly.
7	Remove gloves and place them in a plastic bag. Seal the bag and dispose of it in a rubbish bin.
8	Wash hands in warm soapy water and dry thoroughly.
	To dispose of the sharps disposal container, contact the:
9	<ul style="list-style-type: none">• Syringe Disposal Helpline on 1800 552 355 for:<ul style="list-style-type: none">- advice about handling syringes- the location of the nearest local council syringe program or public disposal bin• local general practitioner

Step	Action
	<ul style="list-style-type: none"> • local hospital.

Note: Disposal containers or syringes must not be put in normal waste disposal.

Treating needle stick injuries

This table describes how schools treat needle stick injuries.

Step	Action
1	Flush the injured area with flowing water.
2	Wash the affected part with warm soapy water, then pat dry.
3	Cover the wound with waterproof dressing.
4	Report the injury to the principal and on eduSafe or CASES21.

Ensure the injured person sees a doctor as soon as possible for:

- assessment of the risk
 - treatment, if required.
- 5 An adult should accompany the student to the nearest doctor/medical centre.

Note: Research indicates the risk of infection from needle stick injury is low and should not cause alarm.

See: Department of Health's [Victorian Infectious Diseases Bulletin](#)

Related policies

- [Duty of Care](#)
- [Health Education Approaches](#)
- [Infectious Diseases](#)
- [Major First Aid Kits](#)

Related legislation

- *Occupational Health and Safety Act 2004*
- WorkSafe Victoria First Aid in the Workplace - Compliance Code 2008

Department resources

- For information and resources on:
 - drug education, see: [Drug Education](#)
 - first aid requirements, see: [First Aid and Infection Control](#)
 - procedures for managing a drug-related incident at school or developing a drug education policy, see: [Drug Education - Policy for Principals and School Leaders](#).

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Last Update: 15 August 2017