

Medication, Accident and First-Aid Policy and Procedures

July 2022

Summary

This policy applies to Community Language Schools SA and all member schools.

Table 1: Document Details

Policy Number	ES37
Related Policies	ES01: Child Safe Environments Policy and Procedures ES02: Risk Management Policy ES07: Enrolment Policy and Procedures ES07A: Student Online Enrolment Form ES07B: General Student Health Support Form ES07C Trial Lesson Enrolment Form ES08: Emergency and Critical Incident Policy ES08A: Incident, Injury, Trauma and Illness Form ES08B: Evacuation Plan and Emergency Procedures ES20: Data and Information Policy ES36: Excursion and Incursion Policy and Procedures ES36B: Excursion Risk Management Form ES36E: Emergency Response Plan Proforma ES37A: Medication, Accident and First Aid Student Forms ES37B: Medication Authority Form ES37C: Permission to Give Food as Treats Form ES37D: Basic Content of a First-Aid Kit ES42: Student Personal Care Policy and Guidelines ES47: Immunisation and Infection Control Policy and Guidelines (including Covid-19)
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Table 2: Revision Record

Date	Version	Revision Description
December 2016	1.0	New policy developed
30 th June 2019	2.0	<ul style="list-style-type: none"> Amend policy to make it generic by replacing individual school details with “Community Language School;” Added <i>Equal Opportunity Act 1984</i> Separated medical forms and created new document ES37A, ES37B and ES37C; Added references to these forms in the policy’s content Reviewed hyperlinks Changes in ‘Created By’ and ‘Reviewed By’ in Table 1; Changed Contents to Table of Contents; Reformatting of table and titles; Added new key words; Changed Other Relevant Documents to References and Other Documentation; Formatting of policy
18 th January 2021	2.1	<ul style="list-style-type: none"> Added Policies to Related Policies (Table 1) Added ‘School Administrator and/or’ to Responsibilities Addition of content on ‘First Aid Kit’ Addition of ES37D: Basic Content of a First Aid Kit
December 2021	2.2	<ul style="list-style-type: none"> Changed policy name from ‘Medication, Accident and First Aid Policy’ to ‘Medication, Accident and First Aid Policy and Procedures’
July 2022	2.2	<ul style="list-style-type: none"> Administrative update only

Table of Contents

Medication, Accident and First-Aid Policy and Procedures.....	1
Summary.....	1
Table 1: Document Details.....	1
Table 2: Revision Record.....	2
Medication, Accident and First-Aid Policy and Procedures.....	4
Introduction.....	4
Definitions.....	4
Policy.....	4
First Aid Kit.....	5
Administering First Aid.....	5
Contaminated items.....	6
Preventing Needle Stick Injuries.....	6
First Aid Training.....	7
First Aid on Excursions.....	7
Procedures.....	7
Anaphylaxis.....	7
Asthma.....	8
Allergies.....	9
Minimising Risk to Food Allergies.....	10
Diabetes.....	10



Epilepsy	12
Accidents	15
Medication	16
Medical Action Plan	16
Communicating Expectations	16
Responsibilities	17
References and Other Documentation.....	17

Medication, Accident and First-Aid Policy and Procedures

Introduction

The administration of medicine and medical treatment is considered a high risk practice and requires attention to detail, meticulous record keeping and due care.

The list of medical issues outlined in this policy is by no means exhaustive.

This policy used definitions and is based on information from the Australasian Society of Clinical Immunology Allergy, Asthma Australia, Diabetes Australia, Epilepsy Australia, Work Health and Safety Act 2012 South Australia Code of Practice and DfE Policies and Procedures.

Definitions

First Aid: initial assistance or care given to a person who is sick or injured until medical treatment is available

First Aid Officer: a person who has successfully completed a nationally accredited first aid training course

Asthma: is a long term lung condition involving sensitive airways in the lungs which react to triggers. A reaction, the muscles around the airway tighten and become narrow, making it harder to breathe.

Anaphylaxis: is a serious allergic reaction that has a rapid onset and may result in death.

Allergy reaction: occurs when a person's immune system reacts to substances in the environment that are harmless to most people. These substances are known as allergens and are found in house dust, mites, pollen, insects, moulds, foods and some medicines.

Food allergy: a specific allergy that occurs when food is digested, or when a person comes into contact with a food substance.

Food intolerance: does not involve a person's immune system and does not cause severe allergic reactions. Food intolerance can cause migraines, headaches, rashes, stomach upsets or irritable bowel.

Diabetes: is the name given to a group of different conditions in which there is too much glucose in the blood.

Epilepsy: is a disorder of the brain function that takes the form of recurring convulsions or non-convulsions.

Policy

Community Language Schools will ensure that there are an adequate number of trained first aid officers on site or during an excursion. At any time, there will be at least one first aid officer available to offer first aid assistance. Students that may need medical attention will need to fill up

ES37A: Medical Management Forms.

First Aid Kit

ES37D: Basic Content of a First Aid Kit is a checklist on the basic items that need to be in a first aid kit. The first aid kit may be any physical size but each kit should:

- be large enough to contain all the necessary items
- be immediately identifiable with a white cross on green background that is prominently displayed on the outside
- contain a list of the contents for that kit
- be made of material that will protect the contents from dust, moisture and contamination

The first aid kit should provide basic equipment for administering first aid for injuries including:

- cuts, scratches, punctures, grazers, and splinters
- muscular sprain and strains
- minor burns
- amputations and/or major bleeding wounds
- broken bones
- eye injuries
- shock

All staff/volunteers must be able to access a first aid kit and will be based on a risk assessment that the school conducts annually and be located in a prominent, accessible location and able to be retrieved promptly.

Administering First Aid

Before applying first aid to an injured or ill person, first aiders should assume they could be exposed to an infection. The person administering first aid should wash their hands with soap and water or apply alcohol based hand rub before and after administering first aid. First aiders should also wear personal protective equipment to prevent contact with blood and body substances, including disposable gloves. Eye protection, a mask and protection clothing may also be necessary if splashes of blood or body substances are likely to occur.

A record of any first aid treatment given should be kept by the person who has administered first aid treatment and complete an incident report. This report will be given to the Principal and kept for analysis and for any necessary follow up. The Principal will use these reports to review first aid arrangements at the school. First aid treatment records are subject to requirements under Health Records legislation.

Contaminated items

All items that are soiled with blood or body substances should be placed in plastic bags and tied securely. Dressings and bandages, materials that are only stained or have had minimal contact with body substances, disposable nappies, incontinence pads or sanitary napkins are not regarded as medical waste and can be disposed of in general waste.

Preventing Needle Stick Injuries

Certain medical conditions such as treatment of diabetes, may require the use of medication that is administered by a hypodermic needle or syringe. Community Language Schools requests that a staff member or student who needs to administer medication through the use of a needle to bring their own sharps container to school and on any school functions or excursions. The disposal of any sharp containers and needles is the responsibility of the person who requires the use of the sharp container and needles. To reduce risk of a needle stick injury, Community Language Schools have adopted the following procedures:

Best Practice

- Place all needles and other sharps in a sharps disposable container immediately after they have been used.
- Keep all needles, other sharps and sharp disposable containers out of the reach of children
- Wash hands before and after administering medication

Don't

- Dispose of needles and other sharps in general waste or the recycling bin
- Flush needles and other sharps down the toilet
- Try to remove, bend, break, or recap needles used by another person. This could lead to accidental needle stick injury
- Attempt to remove the needle from the syringe
- Reuse the needle under any circumstances

In the event of a needle stick injury, Community Language Schools have adapted The Australian Guidelines for the Prevention and Control of Infection and recommends doing the following:

- Seek medical advice immediately
- Wash the affected area with soap and water
- Do not squeeze the affected area
- Complete an incident report

First Aid Training

Community Language Schools will ensure an adequate number of staff are trained in providing first aid, at the minimum, Basic Emergency Life Support training (HLTAID002). First aiders should hold nationally recognised Statements of Attainment issued by a Registered Training Organisation. First aiders are required to attend training on a regular basis to refresh their first aid knowledge and skills and to confirm their competence to provide first aid. Refresher training in CPR should be undertaken annually and first aid qualifications should be renewed every three years.

If a person at a Community Language School have disclosed a medical condition, then the first aid officers may also need to undertake additional training in order to respond to specific situations. Training can be organised independently or through the Community Language Schools SA and dates published on <http://www.clssa.sa.edu.au/>.

First Aid on Excursions

A first aid officer and a first aid kit must be taken on all excursions. A risk assessment must be carried out prior to the excursion to identify and minimise any possible risks. Please see the Excursions and Incursions Policy for more details.

Procedures

The following sections outline the procedures that Community Language Schools will follow in the event of a medical incident. In all medical incidents a staff member and a first aid officer must stay with the student until the medical incident is resolved. All students who are taking any prescribed medication must complete a Medication Authority Form. A medical practitioner is required to complete a medical form for any medical condition and parents are to give the completed form to the school.

Anaphylaxis

Anaphylaxis is a potential life threatening, severe allergic reaction and should always be treated as a medical emergency. Anaphylaxis occurs after exposure to an allergen (usually to food, insects or medicines), to which a person is allergic. It is important to note that not all people with allergies are at risk of anaphylaxis.

Signs and Symptoms of Anaphylaxis

A person who has anaphylaxis may have any one of the following signs and symptoms:

- Difficult/noisy breathing
- Swelling of the tongue

- Swelling/tightness in the throat
- Difficulty talking/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness and/or collapse
- Young children may appear pale and floppy

In some cases, anaphylaxis is preceded by less dangerous allergic symptoms such as:

- Swelling of face, lips and/or eyes
- Hives or welts
- Abdominal pain, vomiting

Some students may carry with them an adrenaline auto-injector or EpiPen. Adrenaline works rapidly to reverse the effects of anaphylaxis and is the first line of treatment if a student has an EpiPen. The following procedures have been put in place if a student is experiencing anaphylaxis:

- Encourage the student if they are well enough to self-administer the EpiPen. Alternatively the EpiPen could be delivered by any available staff member.
- Administer the EpiPen as soon as symptoms occur.
- Contact Emergency Services (000) immediately and explain the situation. Inform Emergency Services if an EpiPen has been used and the outcome
- Contact parents/carers and/or emergency contacts to inform them of the situation.
- Complete a medical incident form.

If a student is experiencing anaphylaxis does not have an EpiPen, a staff member will call Emergency Services (000) and contact parents as soon as possible.

Asthma

All students at a Community Language School who are known to have Asthma need to inform the school and must complete the Asthma Management Plan and Medication Authority Form. Asthma symptoms can vary overtime and can vary from person to person. The most common symptoms are:

- Breathlessness
- Wheezing
- Tight feeling in the chest
- Continuing cough

Students are supported to self-manage their Asthma in line with their age and stage of development and are required to bring all medication and equipment (spacer, mask etc.) to treat

their Asthma. All medication must be clearly labelled with the child's name, dose required and frequency of dose. Parents are required to alert the Principal of any changes in their child's Asthma management. Staff are required to document any Asthma attack and advise parents/carers.

Allergies

Allergies are very common and increasing in Australia, affecting around one in three people at some time in their lives. There are many different causes of allergy and symptoms vary from mild to potentially life threatening. Allergy is also one of the major factors associated with the cause and persistence of Asthma.

The most common causes of allergic reactions in Australia are:

- Dust mites
- Pollen
- Foods such as peanuts, cow's milk, soy, seafood and eggs
- Cats, dogs and other furry or hairy animals such as horses, rabbits and guinea pigs
- Insect stings including bee stings
- Moulds
- Medicines including penicillin

Signs and Symptoms of Allergies

Depending on the allergen and where it enters the body, a person may experience different symptoms. Allergic reactions can also involve several parts of the body at the same time including the:

- Nose, eyes sinuses and throat
- Lungs and chest
- Stomach and bowel
- Skin

Most allergic reactions are mild to moderate, and do not cause major problems. Often allergies can be a source of extreme irritation and discomfort. If a person is experiencing an allergic reaction, staff will:

- Administer any medication that the student may have that will relieve the symptoms.
- Contact parents/carers and/or emergency contacts to inform them of the incident
- Seek medical advice from a medical practitioner, either nominated by the family or the most convenient service.
- Seek medical assistance if advised by parents, medical practitioner or if the situation is deemed to be an emergency
- Complete a medical incident form

Minimising Risk to Food Allergies

Community Language Schools take food allergies seriously. To minimise the risk of an allergic reaction to a food item, everyone at a Community Language School is encouraged to:

- Wash their hands before and after eating. Soap alternatives will be provided by families for those students who have skin irritations.
- Food is not given as a reward/treat unless prior consent from families has been obtained (see **ES37C**: Sample Form - Permission to Give Food Treats).
- Children do not share or swap food, unless prearranged with families (for example, end of year celebrations where students are required to bring a plate of food to share).
- Food will not be supplied to students with anaphylaxis. It will be assumed that any product may have traces of nuts or other ingredients that may cause a severe anaphylactic reaction.
- Any food that is being prepared will follow the appropriate food standards and precautions put into place to prevent cross contamination. Any person (teachers, parents, and volunteers) who has the responsibility of preparing food for a special event or fundraiser will be shown strategies to prevent food from being crossed contaminated.
- Planning any incursion or excursion will take into account of the availability and types of foods. Families will be informed of any food products that may be consumed on an incursion or excursion and families will be given the option to supply their child with their own food.

It is a requirement of enrolment that parents disclose any known allergies or food intolerance(s). If a student has a food intolerance, all efforts by the school will be made to ensure the student does not receive food with the substance that the child is intolerant to. Parents are required to complete the Permission to Give Food Treats to identify foods that a student may have.

Diabetes

Diabetes occurs when the body either does not make insulin or the insulin that is produced by the pancreas is not working properly. This leads to increased blood glucose levels which can lead to the development of diabetes. There are two main types of diabetes which this policy covers, Type 1 Diabetes and Type 2 Diabetes. For each type, a list of signs and symptoms and how to manage a Diabetic Episode has been outlined.

Type 1 Diabetes

Type 1 Diabetes is an auto-immune disease where the beta cells in the pancreas are destroyed and can no longer produce insulin to transport glucose from the blood into the cells of the body for energy. This causes the blood glucose levels to rise dramatically.

Symptoms of Diabetes 1

The symptoms of Type 1 Diabetes are often sudden and can be life threatening if not treated. The symptoms include:

- Extreme thirst
- Frequent urination
- Extreme fatigue
- Blurred vision
- Muscle cramps
- Nausea
- Vomiting
- Constant hunger

Management of Type 1 Diabetes

Type 1 Diabetes is a life threatening condition which needs to be closely managed with daily care. Type 1 diabetes is managed by replacing the insulin the body can no longer make. Insulin is given by injection or by using an insulin pump. Students who need to monitor their Blood Glucose Levels during school hours are required to complete a Medication Authority Form and a Diabetes Management Plan. Students will be provided with a private location so that they can check their Blood Glucose Levels and administer any medication.

Physical Activity for Type 1 Diabetes

Exercise can affect blood glucose levels in students with Type 1 Diabetes, in two main ways. Hypoglycaemia (Low Blood Glucose) is more likely to occur with exercise than Hyperglycaemia (High Blood Glucose). Students will be asked to monitor their glucose levels, before, during and after any physical activity. Parents will be informed of any physical activity that has been undertaken during school hours so they can monitor Blood Glucose levels at home.

Type 2 Diabetes

Type 2 Diabetes is a progressive condition in which the body becomes resistant to the normal effects of insulin and/or gradually loses the capacity to produce enough insulin in the pancreas

Symptoms of Type 2 Diabetes

In Type 2 Diabetes, many people do not have symptoms at all. The symptoms of Diabetes 2 include:

- Being excessively thirsty
- Passing more urine
- Feeling tired and lethargic

- Always feeling hungry
- Having cuts that heal slowly
- Itching, skin infections
- Blurred vision
- Gradually putting on weight
- Mood swings
- Headaches
- Feeling dizzy
- Leg cramps

Management of Type 2 Diabetes

Type 2 Diabetes can be managed through lifestyle modifications and medications.

Diabetes Management Plan

Each student with Diabetes must have a Diabetes Management plan. The Diabetes Management Plan must be completed by a medical practitioner. The Diabetes Management Plan will be followed in the event of an incident with a student who has diabetes.

It is the responsibility of the parents to ensure that all equipment needed by the school to support their child is supplied to the school and re-stocked when required. All equipment must be clearly labelled with the student's name. For students with Type 1 Diabetes, a hypo kit is required and the school recommends that parents use zip-lock bags to ensure measured jelly beans can be quickly given to a student if they are having a hypo.

Epilepsy

Epilepsy is a disorder of brain function that takes the form of recurring convulsive or non-convulsive seizures. Epilepsy is not just one condition; rather it is a diverse family of disorders comprising many seizure types

Generally, seizures fall into two categories: primary generalised seizures and focal seizures.

Seizures can be caused by certain factors including:

- Alcohol
- Diet
- Infection and illness
- Lack of sleep
- Menstruation
- Missed medication
- Photosensitivity

- Severe changes in temperature
- Stress

Managing Epilepsy

Epilepsy can be successfully treated with antiepileptic medications. A person may have an increase in seizures if that person misses a dose of their medication. Many people on antiepileptic medication experience difficulty with their short term memory.

A person with epilepsy may be at risk of injury as a result of their seizure. When assessing epilepsy related risks, Community Language Schools will implement appropriate and practical strategies in managing the risk and ensure an accurate understanding of the person's condition. In the event of a person having a seizure at school the following procedures will occur:

Tonic-clonic Seizures

During a tonic-clonic seizure a person's body stiffens and they fall to the ground. Their limbs then begin to jerk in strong, symmetrical, rhythmic movements. The person may dribble from the mouth, go blue or red in the face, and occasionally lose control of their bladder/bowel.

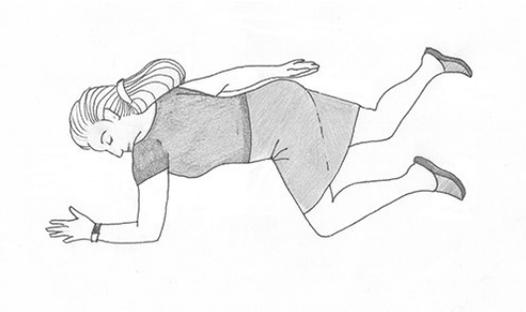
Although this type of seizure can be frightening to watch, the seizure itself is unlikely to seriously harm the person having the seizure. They may however vomit or bite their tongue and can sometimes injure themselves if they hit nearby objects as they fall or convulse. The seizure generally stops after a few minutes. At this time the person is usually confused and drowsy. They may have a headache and want to sleep. This drowsiness can last for a number of hours.

First Aid for Tonic-clonic Seizures:

- Stay calm and remain with the person
- Time the seizure
- Protect from injury – remove any hard objects from the area



- Protect the head – place something soft under their head and loosen and tight clothing
- Gently roll the person on their side as soon as possible to do so and firmly push the angle of the jaw forward to assist with breathing.



- Stay with the person until the seizure naturally ends and calmly talk to the person until they regain consciousness
- Reassure the person that they are safe and that you will stay with them until they recover.
- Call an ambulance if
 - The seizure lasts for more than **5** minutes or a second seizure quickly follows.
 - The person remains unresponsive for more than **5** minutes after the seizure stops.
 - The person is having a greater number of seizures than is usual for them.
 - The person is injured goes blue in the face or has swallowed water .
 - The person is pregnant.
 - You know, or believe it to be, the person's first seizure.
 - You feel uncomfortable dealing with the seizure at the time.

Do NOT

- Restrain the persons movements
- Place anything in the mouth
- Give the person water, food, or pills.

Focal Seizures

With this type of seizure the person may appear unresponsive and confused as their consciousness is impaired. Automatic movements such as smacking of the lips, wandering, or fumbling movements of the hand may be present. He or she may display inappropriate behaviour that may be mistaken for alcohol/drug intoxication or psychiatric disturbance

First Aid for Focal Seizures

- During a focal seizure you may need to gently guide the person past obstacles and away from dangerous places.
- As the seizure finishes, calmly talk with the person as they regain awareness and ask if they are OK.
- Reassure the person that they are safe and that you will stay with them while they recover.

Call an ambulance - 000 - if:

- The seizure activity lasts **5** or more minutes or a second seizure quickly follows.

- The person remains non-responsive for more than **5** minutes after the seizure stops.
- The person is having a greater number of seizures than is usual for them.
- The person is injured, goes blue in the face or has swallowed water.
- The person is pregnant.
- You know, or believe it to be, the person's first seizure.
- You feel uncomfortable dealing with the seizure at the time.

Absence Seizures

An absence seizure causes loss of awareness for a brief period. The person stares vacantly, the eyes may drift upwards and flicker. It may be mistaken for daydreaming.

First Aid for absence seizures

- Recognize that a seizure has occurred.
- Reassure the person, and
- Repeat any information that may have been missed during the seizure

The above information is from Epilepsy Australia: [Home - Epilepsy Action Australia](#)

Accidents

Children's physical development and coordination generally improves with age. Community Language Schools recognises that students may have minor accidents that will require minimal first aid treatment. As part of the enrolment procedures, parents or carers consent to the following:

- Authorise for the Nominated Supervisor or other staff at the service to administer general first aid products as per the manufacturer's recommendations

In the event of a major or critical injury or accident the following procedures will occur. As part of the enrolment procedures, parents or carers consent to the following:

- Agree if an emergency occurs, the Nominated Supervisor or other staff may administer emergency first aid and call an ambulance without making contact with me, and acknowledge staff will notify me as soon as possible.
- Staff seeking or where appropriate administering any medical treatment from a registered medical or dental practitioner, hospital, or ambulance service (including transport to a hospital) that is reasonably required and that I will reimburse any expense incurred by the school should this happen.
- Authorise the staff to administer a single dose of paracetamol (Panadol) appropriate to the child's age in the event of a high temperature if staff have been unable to organise someone to collect the child, or when the person collecting the child will take longer than staff believe is a safe time frame.

Medication

Community Language Schools acknowledges that some students will require regular doses of medication in order to treat a disclosed medical issue. As part of the enrolment procedures, parents or carers consent to the following:

- staff administering medication if so requested by me in writing using the appropriate Medication Authority form, (but recognise all medication administered at the school will only be given if the medication has been prescribed by a registered medical practitioner, from its original container, bearing the original label with the name of the child to whom the medication is to be administered, and before the expiry or use by date; and the medication must be administered in accordance with any instructions attached to the medication; and any written instructions provided by a registered medical practitioner).

If the above is not adhered to, staff will not administer any medication to any student under any circumstances. If a student needs to take medication during school hours the school must be informed. A Medication Authority form must be completed

Medical Action Plan

If a family has indicated that a student has one of the following conditions then each family must supply the school with a medical action plan.

- Epilepsy or seizures
- Diabetes
- Asthma
- Anaphylaxis
- Heart Condition
- Joint Condition

It is the responsibility of parents/carers to update the school of any changes to the medical action plan or if a student has developed one of the above conditions.

Communicating Expectations

The Medication, Accident and First-Aid Policy will be made available to all families and students upon enrolment to the school. As part of the enrolment procedures, students and parents are required to disclose and serious medical issues and if applicable supply the school with a medical action plan that outlines requirements of dealing with a critical medical incident or emergency. The Medication, Accident and First-Aid Policy will also be available through the school's website.

Responsibilities

It is the responsibility of the School Administrator and/or Principal to:

- Ensure all staff are informed of the Medication, Accident and First-Aid Policy
- Ensure all staff are aware of students who required regular medication (e.g. for the treatment of diabetes or epilepsy), have allergies and/or anaphylaxis.
- Ensure all medical assist plans are stored securely and any information collected on medical forms are kept confidential
- Understand and apply allergy aware practices
- Seek medical assistance in the case of a critical medical incident
- Complete a medical incident form

It is the responsibility of Staff to:

- Ensure they are familiar with the Medication, Accident and First-Aid Policy
- Understand and apply allergy aware practices
- Seek medical assistance in the case of a critical medical incident

It is the responsibility of Students to:

- Inform a staff member if they feel unwell, and/or have injured themselves
- Inform a staff member if they have seen an accident and/or another student injure themselves
- Understand and apply allergy aware practices
- Do not partake in risk taking activities that may cause injury to themselves or to others

It is the responsibility of Parents/Carers to:

- Providing the school with up-to-date medical treatment plans for children who have a known medical issue that requires ongoing monitoring and/or treatment
- Provide the school with a list of medications that a child is currently taking
- Inform the school of any recent medical treatment that may affect their child's performance or restrict participation and/or involvement in learning experiences offered by the school.

References and Other Documentation

The Medication, Accident and First-Aid Policy should be considered in conjunction with the following documentation:

- National Asthma Council - [National Asthma Council Australia - National Asthma Council Australia](#)

- Australasian Society of Clinical Immunology and Allergy (June 2015); Anaphylaxis: Information for Patients, Consumers and Careers - [Home - Australasian Society of Clinical Immunology and Allergy \(ASCIA\)](#)
- National Diabetes Service Scheme - [NDSS - Diabetes Australia](#)
- Epilepsy Australia - [Home - Epilepsy Action Australia](#)
- St John First Aid: First Aid Fact Sheets - [St John Home | St John Ambulance SA \(stjohnsa.com.au\)](#)
- Australian Guidelines for the Prevention and Control of Infection in Healthcare (2010) [Australian Guidelines for the Prevention and Control of Infection in Healthcare \(2010\) | NHMRC](#)