

## EMERGENCY CONTACTS

FIRE DEPARTMENT: 108 113	POLICE: 108 110
SEARCH AND RESCUE: 108 115	EMERGENCY RESPONSE CENTRE: 108 112
Bali International Medical Centre Jl. Bypass Ngurah Rai 100X 0361 761 263	Prima Medika Hospital Jl. Pulau Serangan 9X 0361 236 225
International SOS Medical Clinic Jl. Bypass Ngurah Rai 505X 0361 710 505	Sanglah Public Hospital Jl. Kesehatan No. 1 Sanglah 0361 227 911
<b>SCHOOL NUMBERS</b>	
Main Office: 0361 469 875	First Aid Officers: 0813 3988 0001 (dr. Ating)
Maintenance (power failure, water problem) 0818 262 952 (Nina)	

## AMBULANCE

- ✚ There is no reliable ambulance service in Bali at this time. If there is an emergency that requires medical care, the fastest way of getting there is to take the patient to the hospital with the designated car and driver available at all times during school hours.

## INTRODUCTION

- ✚ This safety manual is intended as a guide to the safety and wellbeing of every student, staff member, parent and visitor to the Green School campus. The subjects covered are of a general nature which it is hoped will help you to avoid injury and accidents. However if an accident does occur, information has been included on how to find assistance and the procedures the school will follow.
- ✚ Safety is everybody's business. Unsafe actions or carelessness can endanger other people's lives as well as your own. A safe working environment can only be obtained with your cooperation.

## STATEMENT OF INTENT

- ✚ The Green School Founders, Director and Management team consider the health, safety and welfare of staff and students to be of paramount importance and that creating and maintaining a healthy and safe environment is a responsibility taken seriously. To this end we are committed to achieving the

effective implementation of the School's health and safety policy and the objectives set out below.

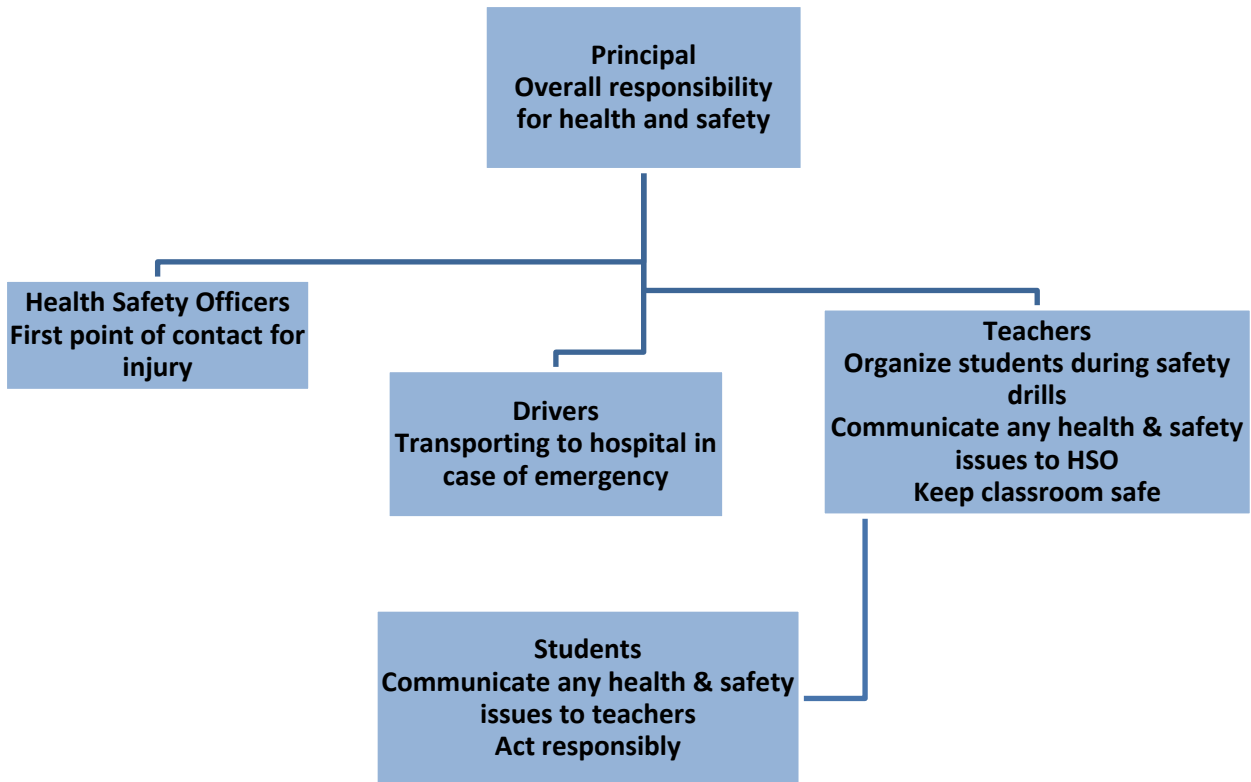
The objectives of Green School's Health and Safety policy are:

- To set out a clear structure of responsibilities and accountabilities for health and safety, so that individuals at all levels know what is expected of them and what they must do to discharge their responsibilities.
- To put in place arrangements to ensure that all staff can acquire the necessary health and safety competencies and feel confident in handling medical emergencies.
- To establish a framework for a systematic approach to identifying and controlling risks to the health and safety of staff, students and other persons who are on campus.
- To establish agreed standards against which the School's efforts to ensure the health and safety of staff, students and others can be measured and to enable us to continuously improve.
- To have an effective system for communicating health and safety matters, and securing the co-operation of employees and students in implementing the safety policy.

## RESPONSIBILITIES

- ✚ There will be two staff members assigned as health and safety officers who report directly to the Principal. They are responsible for the following:
  - ensuring the Health and Safety Policy is implemented and regular safety checks take place to ensure all standards are being achieved
  - ensuring that all teachers attend first aid and health training sessions and that the latest copies of health & safety documentation is made available to all staff
  - undertaking workplace checks as specified in this guide to ensure compliance with the health and safety policy
  - carrying out a risk assessment review once a quarter, together with a senior member of the maintenance team to identify any areas that need to be addressed. A report will be written following this assessment and communicated to the Principal so further action can be taken and any required funding can be identified.
- ✚ A designated driver will be on campus at all times during school hours to provide transportation to the appropriate hospital or medical centre in case of an emergency. When a student or staff member is transported to hospital, their family or guardian will be contacted by the principal and they will be accompanied by one medical personnel.
- ✚ Individual teachers will be responsible for reporting health and safety concerns to the Health and Safety Officers and they will also be responsible for organizing their own students when safety drills take place.
- ✚ One office staff member will be responsible for ensuring the parents list with telephone numbers, the allergies and special health conditions list and the details of children's insurance arrangements are kept up to date and easily accessible in case of emergency.
- ✚ All staff and students are expected to advise a health and safety officer of any known health and safety issues and to conduct themselves in a way that reduces the risk of health problems occurring.
- ✚ Health and safety will be formally discussed once a month in a staff meeting to identify any health and

safety issues and determines the effectiveness of the health and safety policy.



## EVACUATION PROCEDURES

An alarm will be sounded if there is an emergency on campus that requires evacuation. Situations where this may occur include fire, security threat, or building damage. When an alarm sounds everyone will evacuate the area in which they are located, and proceed to the designated meeting point of the sports field. The shortest safe route is to be adopted. Do not take any personal belongings.

On arrival at the meeting point, teachers will take a roll call to ensure all students are present. Safety officers will take a roll call of all staff to ensure they are present. Nobody will return to classrooms or other buildings until the safety officers have advised that this can happen.

### Fire

1. Health and Safety officers will evaluate the magnitude of the fire: manageable by the school staff or fire brigade support needed
2. Staff will use fire extinguisher and water from long hoses connected to taps while waiting for the fire brigade to come

## Lightning

1. During heavy rain, nobody is allowed to be in the sport field, even with an umbrella, which is vulnerable to lightning strike
2. Everybody stay in the building until no more lightning for 20 – 30 minutes or the rain has stopped.

## Earthquake

1. Run out of the building and stop running once outside
2. Move to the soccer field when the earthquake stops

## Security threat

1. Security chief officer will coordinate with operation manager to decide if the children need to be sent home
2. If the children need to be sent home, the tutors will contact parents
3. Parents will collect their children at the place advised by the security chief officer

## Drill frequency

- Fire safety drills will be carried out every 6 months.
- Earthquake drills will be carried out once a year.

## FIRST AID

- ✚ First Aid kits are available in the clinic and classrooms. Once a week the Safety Officers check and restock as necessary.
- ✚ ? Signs for CPR and first aid techniques and procedures will be placed in every classroom.
- ✚ ? Three life buoys will be situated on both banks of the Ayung River.
- ✚ A first aid course runs once a year during orientation week. All staff is expected to attend EVERY year. CPR will be covered as part of this training day.
- ✚ In case of serious injury, or transportation to hospital, the Principal and parents will be notified immediately.

## **IN AN EMERGENCY, KEEP CALM, TAKE CONTROL AND FOLLOW THE DRABC STEPS.**

### ***D Check for danger***

1. Ensure there is no danger to you, to the injured person, or to others.
  - a. If you would be in danger by helping, do not approach. Look for possible hazards such as electricity cables, water on the floor, etc.
  - b. Do not move the injured person unless they are in danger.
2. If possible, ask someone else to call a safety officer for help.

### ***R Does the injured person respond?***

Gently shake and shout. If conscious, check for bleeding.

### ***A Check the airway***

If unconscious, turn the injured person onto their side and clear their airway. Remove any obstructions: blood, vomit, broken dentures and teeth.

### ***B Are they breathing?***

1. Check for breathing: look, listen and feel.
  - a. If breathing, leave the injured person on their side and observe continuously.
  - b. If they are not breathing, roll onto their back, open their mouth, and give 2 quick breaths.
2. Feel for pulse.
  - a. If there is a pulse, continue at a rate of 12 to 15 breaths per minute.
  - b. If there is no pulse move to the next step.

### ***C Give Chest Compressions***

If no pulse, perform chest compressions at the rate of 100 per minute. Straddle the patient's body, and with one hand on top of the other, press hard and fast.

## **Cardio-Pulmonary Resuscitation (CPR)**

CPR may be needed in the case of a near drowning, electrocution, heart attack or shock. Because of our remote location at Green School, and the limitations of the health services here, CPR may have to be carried out for a long time while a person is being transported to a hospital. Because of the length of time it would be needed and the physical exertion required to carry out CPR, it should be done with at least two people, with each taking turns regularly to prevent exhaustion.

Previous guidelines have advised to alternate chest compressions with breathing. However, it has now been found that each time a rescuer stops to do the breathing the patient's blood pressure drops and oxygen is prevented from reaching their brain. It is more effective to do chest compressions only, ensuring they are fast enough to keep blood circulating.

Once you have established that the patient is not breathing and has no pulse, CPR must begin immediately. Lean over the patient and lock your hands together. Press firmly and quickly in the middle of the chest—between the nipples is a good guideline. Next, begin chest compressions. Begin pressing hard and fast. Carry out 100 chest compressions every minute. Do not stop to check if the pulse has returned. Where two people are available, switch every couple of minutes as quickly as possible to ensure neither rescuer becomes exhausted.

The patient will then need to be moved to a car and transported to the hospital. While moving the patient to transport, stop every 30 seconds to do 1-2 more rounds of CPR before moving on again. Continue chest compressions throughout the journey to the hospital. Chest compressions should only be stopped once the hospital is reached or the victim begins to show signs of life.

## Shock

Shock can result from serious injuries or allergic reaction and can lead to death if not acted on.

### Symptoms

- Dizziness
- Cold and clammy skin, may be pale or grey
- Dull eyes and/or enlarged pupils
- Weak and fast pulse
- Nausea or vomiting
- Shallow and fast breathing

### Treatment

1. Get the person to lie down flat, and raise their feet slightly
2. If they have a suspected neck or back injury, or it causes pain to raise their legs, just have them lie down and keep them still and flat
3. Loosen clothing, cover with a blanket or dry clothes
4. If they vomit, turn them onto their side
5. Transport to hospital as soon as they are stabilized and any urgent problems (e.g. breathing difficulty, bleeding etc) have been fixed.
6. Do NOT give anything to drink

## Anaphylactic shock

Common allergens that can cause anaphylactic shock—the most severe form of allergic reaction—include strawberries, fish or shellfish, bee stings, peanuts, and eggs.

### Symptoms

- Severe hives (raised, itchy, red bumps on the skin)
- Puffiness around the eyes
- Swelling of the tongue and face
- Severe breathing difficulty; tightening or pain in the chest

- Weak, fast pulse

## **Treatment**

### **EpiPen available**

- Use EpiPen as trained
- Fit an oxygen mask
- Transport him or her to hospital in the position of comfortable breathing

### **EpiPen unavailable**

- Sit patient in a position which makes breathing easier
- Fit an oxygen mask
- Transport to hospital

If the child's family have notified the school of a severe allergy that can cause anaphylaxis, they should have provided an EPI-pen for use in emergencies and ensured staff are trained in its use.

## **Allergy reaction, mild to moderate severity**

Common causes of allergy reaction in Green School are contact to plants or grasses and bugs bites. The symptoms are similar to those of anaphylactic shock except that no respiratory and blood circulation complaints. The patients are fully alert and they can take antihistamine tablets. Hydrocortizone cream can be applied to the hives 2 – 3 times for one day only.

## **Asthma attack**

Asthma is a restriction of the bronchial passages, causing difficulty in breathing. Asthma can be one of two types:

- Exertion induced
- Allergen induced

### **Symptoms**

- Difficulty on breathing
- Wheezing on breathing

### **Treatment**

1. Move the patient to a position that is most comfortable for breathing, usually sitting up and leaning forward
2. Reassure and tell them to take slow, deep breathes

3. If they have an inhaler, help them to use it. In most cases they take 4 puffs then 4 full breathes
4. If no improvement within 10 minutes, use the puffer again
5. If the attack continues, transport to hospital. While on the way a child would continue to take 4 puffs every 10 minutes, while an adult takes 6-8 puffs.

## Cuts and Scratches

- Clean wound to reduce the risk of infection: pour sterile water over the area of the wound.
- If there is gravel or dirt around the wound, gently wipe it away with a clean cloth, soaked with sterile water; always wipe away from the wound.
- If the wound is bleeding, apply pressure with a dry, clean, non-adherent dressing. Ask the patient (if possible) to apply pressure to the dressing with their own hand until the bleeding stops.
- Once the bleeding has stopped, apply an antiseptic cream to the area and then cover with a non-adherent dressing.
- If there is anything imbedded in the wound do NOT try to remove it. Ask medical personnel to have a look. Otherwise, clean and dress the wound gently and then transport to hospital for further treatment.

## Bruises

Bruises occur when there has been damage to tissue and there is bleeding underneath the skin. Provided the bruising is not around the eyes, treatment is straightforward.

- Apply an ice pack for 30 minutes to reduce swelling

If the bruising is around the eyes the patient should be transported to hospital to be checked over by a doctor in case of head injury.

## Sprains and Strains

Remember the acronym R.I.C.E.

1. **R**est the limb in the most comfortable position
2. **I**ce pack, covered in cloth, applied to limb
3. **C**ompression \_ bandage firmly using roller bandages and padding
4. **E**levate the affected limb

If the pain is severe, treat as for a fracture and transport to hospital.

## Nosebleeds

1. Sit the patient upright and ask them to lean forward.
2. Ask them to pinch their own nose gently just below the bone and hold for 10 minutes
3. If the nosebleed happens after a suspected head injury, do NOT try and stop the bleeding. In the case of a skull fracture, stopping the nosebleed may increase pressure inside the skull and cause further injury.
4. Do NOT lean the person back—blood can pool at the back of the throat and cause breathing problems.

## Dehydration

Dehydration occurs when a person is not taking in enough water to nourish their tissues. It is common in the tropics, especially when children are spending a lot of time in the sun or doing sports.

### Symptoms

- Dizziness or headache
- Dry mouth
- Nausea and vomiting
- Irritability
- Skin that does not flatten when pinched and released
- Sunken abdomen, eyes or cheeks
- High temperature
- Dark coloured urine (usually strong smelling) to unable to urinate

### Treatment

Drink water as much as they can.

### Prevention

To avoid dehydration, children and adults should drink water regularly throughout the day. Encourage children to have water bottles on their desks so they can drink when thirsty.

## Cramp

Cramp is usually caused by overexertion to muscles, often during exercise, and typically occurs in the legs and feet.

## Treatment

- For cramp in the feet, massage the foot firmly
- When cramp is in the lower leg, straighten the leg and massage the muscles while pulling the foot upwards towards the shin
- If the cramp is in the upper leg, straighten the leg and massage the muscle until the pain eases

## Bleeding

Serious bleeding may be life-threatening. Act promptly. The aim for treatment is to:

- Minimize bleeding
- Prevent shock
- Prevent infection

## TREATMENT

1. Provided there is nothing embedded in the wound, apply direct pressure to the wound and surrounding skin, using a sterile dressing and pad if available. If possible, have the injured person apply the pressure themselves to protect yourself from possible infection. If there are no sterile dressings immediately available, improvise with a clean folded cloth (e.g. a handkerchief or sarong).
2. Hold the dressing and pad in position with a firm bandage.
3. Elevate the affected part where possible.
4. Watch for shock and unconsciousness. Remember the DRABC Action Plan.
5. Minor wounds should be cleaned using soap and water or a diluted antiseptic solution.
6. If the wound is deep or dirty, rinse clean by pouring sterile water over the wound. Do NOT put anything inside the wound.
7. Apply a clean dressing (preferably sterile and non-adherent) to the wound.
8. Do NOT remove objects which are impaled in the wound. Pad around the wound and the object, and seek medical aid.
9. If bleeding seeps through a pressure bandage, not enough pressure has been applied. Use your hand to apply more pressure, or use a second bandage. Do NOT remove the first bandage.

## Tooth Knocked Out

If the tooth is knocked out it may be able to be replaced by a dentist. Do NOT touch the root. You do not have to worry about cleaning it thoroughly. For an older child or adult, get them to put the teeth in their mouth and rest it between the gum and the bottom jaw.

For a young child, ask them to spit saliva into a clean paper cup and drop the tooth into the saliva. If this is not possible, put the tooth into a clean paper cup and cover with milk. Take the patient and the tooth to a dentist immediately.

## Bee Stings

1. NEVER pull out the sting
2. Scrape the sting sideways with a finger nail, the edge of a credit card or the side of a knife blade
3. Apply a cold compress to ease the pain
4. If the injured persons are allergic to bee stings, administer an EPI-pen if they begin showing signs of breathing problems and take to hospital immediately.

## Scorpion Stings

Scorpions found in Bali are not highly venomous. In most cases their sting will cause local pain and some mild swelling which can be easily relieved. The following steps will help in the case of a scorpion sting:

1. Wash the area with cool water and apply an ice cube
2. Give one dose of antihistamine and one dose of paracetamol
3. If the patient develops any signs of allergic reaction they should be taken to the hospital immediately
4. Signs of an allergic reaction include:
  - a. difficulty breathing
  - b. excessive swelling or change of colour to the bitten area
  - c. rapid heartbeat
  - d. muscle spasms

## Snake Bites

To confirm diagnosis, in case the patients unconscious and no witness, find a puncture wound; there may be some bleeding. Breathing might be affected within minutes or several hours after the snake has bitten.

### Follow the DRABC Action Plan

1. Rest and reassure the injured person.
2. Cover the bitten area with a clean cool dressing to reduce swelling.
3. Keep the bitten limb at the same level as the heart; having it higher than the heart spreads the venom, having it lower than the heart increases swelling of the bitten area.
4. Apply a broad, firm bandage ABOVE the bitten area, then up to the armpit or groin, covering as much of the limb as possible. The bandage should be loose enough for a finger to fit underneath.

5. If breathing or circulation fails, carry out resuscitation procedures as necessary.
6. Take them to hospital immediately even if there are no symptoms, some snake bites do not cause symptoms for several hours after the bite occurs.

### **Things NOT to do**

- Apply a tourniquet or tight fitting bandage
- Wash the bitten area as this may help to identify the snake
- Attempt to suck out the poison
- Cut the wound with a knife
- Wait: go straight to hospital, even if there are no symptoms of a problem
- Try and catch the snake

## **Dog Bites**

First and foremost ensure the patient and yourself are safe from the attacking dog and that it has been restrained before administering first aid treatment.

- Wash the wound with clean water, flowing tap water best, plus detergent soap for 10 – 20 minutes
- If the wounds are serious control bleeding with a clean pad and pressure
- For minor wounds, apply antibiotic ointment and dress with a sterile dressing
- For serious wounds, elevate the wound above the level of the patient's heart and transport to hospital
- Sanglah Hospital in Denpasar has a rabies management center (0812 398 8111; dr. Ken)

## **Limb Injuries**

Injuries to bones, joints and ligaments can be recognized by:

- pain
- bruising or swelling
- loss of movement
- deformity

These injuries should be managed as soon as possible. Try not to move the injured person, unless they are in danger.

If movement is necessary, steady and support the injured part.

## Fractures and Dislocations

There are two types of fractures: open and closed. An open or compound fracture is where the bone has broken and the skin is broken, possibly with the bone protruding through the skin. A closed or simple fracture is where the bone is broken but there is not break in the skin.

- Control severe bleeding and cover wounds
- Protect, support and elevate the injured part by placing it on a firm board and holding the injured limb still. Place a pad of fabric underneath natural arches such as the elbow or knee to support them.
- If available, place an ice pack over the injured area to reduce swelling
- Transport to hospital as soon as possible.

### **DO NOT**

- attempt to straighten a limb that is suspected of being broken. Support it with a splint and transport to hospital
- try and push a bone back inside the skin. Support with a splint and transport to hospital.

### **Collarbone fracture**

- pain in the shoulder area
- unable to use the arm on the injured side
- injured arm tends to droop forward
- patient may need to constantly support the arm with the other hand

### **Treat by the following**

1. Place padding between the arm and the patient's side
2. Fold the arm across the abdomen with the hand slightly raised and tie in a triangular bandage
3. Transport to hospital.

## Head Injury

A head injury can result in swelling of the brain, unconsciousness or a skull fracture.

### **Symptoms**

- loss of consciousness for any length of time
- vomiting
- clear or blood tinged fluid coming from the ears, mouth or nose
- not being able to move the arms or legs
- pupils of unequal size

- convulsions or seizures
- speech difficulty
- visual problems

### **Treatment**

Stabilize the patient and then transport to hospital as quickly as possible.

- If the patient is not breathing check for a pulse and carry out CPR if necessary
- Control any bleeding: do NOT try and stop bleeding from the mouth, nose or ears, only control bleeding from wounds on the face or head.
- Support the patient's head and neck continuously in case of neck or spinal injury
- Keep the patient quiet, calm and lying still
- Transport to hospital

## **Eye Injury**

If the eye has received a severe blow, or is bleeding:

1. rest the injured person on their back, keeping the head still lightly cover both eyes transport to hospital
2. If there is a foreign body or chemicals in the eye, gently flush with clean water for ten (10) minutes. Do not try to remove anything in the eye with your fingers. Use a clean handkerchief moistened with cold water to remove small foreign bodies from the inside of eye lids or from the white of the eye.

## **Spinal Injury**

If they are conscious, ask the injured person the following questions:

- Does your neck or back hurt?
- Can you move your fingers and toes?
- What happened?
- Can you feel me touching your fingers and toes?

### **Symptoms**

- Tenderness around the neck or upper back
- Shooting pains in the arms or legs
- Heavy feeling or tingling in the arms or legs
- No feeling in the arms or legs

- Breathing difficulties

## **Treatment**

1. Giving basic first aid, ensuring the person's head and neck are kept as still as possible.
2. If movement is necessary, the head and neck must be adequately supported. If a neck brace is not available, improvise. You can put dirt or sand into a garbage bag to make a stiff collar.
3. Alternatively, roll up clothing and hold in place to support the neck and keep it in straight alignment with the back.
4. The safest position to move them to is to have the neck and back straight with the eyes facing forwards. If it causes pain to move them to this position, or you feel resistance when trying to move them, stop immediately and transport them in the position they are lying in.
5. When you move the person, make sure someone is holding their head as still as possible while they are being moved into a car and taken to hospital.

## **Burns**

1. Remove danger or injured person.
2. Put out burning clothing by throwing a blanket around them
3. Drop and roll them on the ground
4. Once the danger has been removed the most important thing is to bring down the temperature of the burn injury to prevent further tissue injury.

The injury caused by a burn depends on how large an area is burned and how deep the burn is.

### **Severity of burns**

- A superficial burn (first degree), for example caused by spilling a hot cup of coffee, causes redness and pain. There may be some swelling.
- Partial thickness burns (second degree) burn through the first and second layers of skin. The skin looks raw and blisters form.
- Full thickness burns (third degree) are usually painless. They have burned through all the layers of the skin and damaged the underlying nerves. A full thickness burn may appear blackened or charred, or be white and colorless.

### **TREATMENT**

- A superficial burn can be treated with simple first aid measures unless it involves an area the size of a full limb, the full abdomen or the face.
  - Cool the injured area under cold, gently running water until the part returns to normal body temperature. This may take up to ten minutes.

- If they are wearing jewelry such as rings near the area that is burned, remove immediately in case of swelling.
- Cover the injured area with a sterile or clean non-adherent dressing. If there is nothing clean available, plastic food wrap can be used temporarily.
- If a partial thickness burn is less than 3 inches (7.5 cm) in diameter it can be treated as a superficial burn. If the burned area is larger than the size of the victim's own hand, or the burn is on the hands, feet, face, groin or buttocks, or over a major joint, treat it as a major burn and take to hospital after carrying out emergency first aid.
- Full thickness burns require emergency treatment at a hospital. Only carry out the most essential first aid before transporting. Once at hospital the patient should have an IV (intravenous drip) inserted immediately with fluids to prevent them going in to shock from losing excessive fluids. They also should be given pain relief as quickly as possible. Request doctors who have experience with burns and ensure nobody is putting ice or any ointments or creams on the burns.
- Parents can be advised that pure honey can be helpful to heal a burn and prevent infection provided the child does not have any allergies. Honey that has water or sugar added (as many of the commercial honey in Bali have) is not suitable for treating burns. The best ones to use are those that come from the organic food shops and are identified as pure and organic; they are usually quite dark in color and are thick. A very runny honey usually has had water added.

### **Burns to the face**

Burns to the face, mouth and throat are very dangerous as they can cause serious swelling and lead to breathing problems.

1. Cool the burned area with cool water.
2. Do not cover with anything.
3. Give oxygen if it is available and transport to hospital immediately.
4. Ensure somebody in the car is able to carry out CPR if necessary.

### **DO NOT'S**

- NEVER put ice on a burn, especially serious burns. The sudden drop in skin temperature can cause the person to go into shock. Cool water is all that is needed.
- Do NOT try and remove the clothing as it may be stuck to the burn and removing it can cause more skin damage. Clothing should only be removed if it is smoldering.
- NEVER put oil or butter on a burn. Avoid ointments as some creams and ointments have a fatty base that can cause further damage.
- Do NOT prick blisters.

## Abdominal Pain

The most common cause of abdominal pain at school community is gastroenteritis caused by intestinal parasites, viruses, bacteria, toxins, or stomach hyperacidity. Pre-menstrual syndrome (PMS) is the second common cause if the patients are women. The third is probably class avoidance.

If the patients are not in severe pain, put them under observation and give enough water; some herbal applied to their abdomen might help reduce the pain; monitor for diarrhea and vomiting to prevent dehydration; and contact their parents if paracetamol, activated charcoal or antacid does not relieve the pain.

## Poisoning

DO NOT induce vomiting if the injured person is unconscious; or if the poison swallowed is corrosive, petroleum-based or unknown.

- If they are conscious, ask the patient what they ate or drank. Take any identified poisons and transport the patient to hospital.
- If they are unconscious, follow DRABC and transport to hospital as soon as possible

## Choking

### Signs and symptoms

- Grabbing throat.
- Weak, ineffective coughing
- Inability to speak
- Noisy breathing or high pitched sounds while breathing in
- Face turning a bluish color

### Treatment

- Encourage the patient to continue coughing as this may dislodge the object
- If they are unable to dislodge the object from coughing, or begin to turn blue, administer the following first aid immediately:
  - give 5 sharp blows to the patient's back, between their shoulder blades;
  - check the mouth after each blow to see if the object has become dislodged.
- If the five blows do not work, continue to the next stage:
  - Stand behind the person and wrap your arms around their waist
  - Make your hand into a fist and push the thumb side of your fist just above their bellybutton over your fist with your other hand and push upwards and inwards. In an adult, the pushes should be strong enough to lift the person off their feet. In a child, do not push hard enough to lift them off their feet.
  - Continue to thrust inwards and upwards until the object is dislodged.
- If they lose consciousness, lower them to the floor. Check inside their mouth to see if you can remove the object.
- Begin CPR if they are not breathing and move to hospital as soon as possible.



## Seizure

A severe seizure may result in uncontrollable muscle spasms, rigidity, loss of consciousness, loss of bladder and bowel control, and in some cases, breathing that stops temporarily.

A seizure in someone with known epilepsy is NOT a medical emergency and does not require hospital treatment unless they appear very confused after the seizure or did not start breathing on their own when the

seizure finished.

### **Symptoms**

- Suddenly cry out
- Falls to the ground
- Blue face and neck
- Jerky, spasmodic muscular movements
- Frothing at the mouth
- Lose control of bowels or bladder
- Clenching of the jaw
- Smacking of the lips
- Rigid body

### **Treatment**

1. Clear the area so they are safe and sit beside them until the seizure is finished and they are conscious.
2. If they vomit, roll them on to their sides to let the vomit drain from their mouth and prevent them swallowing it.
3. If the seizure lasts for more than 5 minutes, the patient has no history of epilepsy, they need assistance with breathing after the seizure finishes, or they injure themselves while seizing, transport to hospital.

### **DO NOT'S**

- Try to hold a person still when they are having a seizure.
- Put anything in the patient's mouth or force their mouth open

## **Drowning**

On the banks of the Ayung River there are four life buoys; two on each side, both above and below the bridge. If a person is in need of help in the river, do NOT attempt to rescue them by jumping in and swimming unless you are trained in water rescue. Throw a life buoy to them, or if you cannot reach one quickly and easily use a stick or a towel for them to grab on to. Once the victim is at the bank, evaluate their ABC and do CPR if necessary.

## **Electric Shock**

Before approaching someone suspected of an electric shock injury check for safety. If you can see an electrical appliance nearby, switch it off and unplug it first. If there is water on the floor, do not approach. If you cannot safely approach because of water, first turn off all power at the circuit breaker or fuse box.

## Personal Safety and Security

### Working after hours

Avoid working alone on campus even though you may be working in what is considered a safe area, such as an office. In case you have to, always inform somebody (relative or friend) that you will be working late and your probable location. Make sure you let the security guards know when you are leaving.

### Laboratory and workshop safety

Food and drinks are not allowed in the laboratory or workshops. Where flammable liquids are used in any work situation, sources of ignition should be reduced to a minimum by using flameproof equipment where possible.

Smoking is not allowed on any part of the campus.

### Office safety

Serious accidents can occur even in the office.

- Ensure that heavy books and files are placed in the bottom drawers of filing cabinets
- Arrange cabinets so that drawers do not open into passageways.
- Do not overload shelves.

### Good housekeeping

People can trip over loose objects on floors and stairs, be struck on the head by articles falling from overhead, slip on wet, greasy or dirty floors or bump into poorly placed, improperly stacked items. Good housekeeping is therefore an essential requirement of a safe working environment.

But good housekeeping is much more than just cleanliness, it is orderliness as well. Everything should have an assigned place and be properly labeled. This promotes efficiency as well as safety. It is the responsibility of staff and students to keep their own work areas clean and tidy.

## Personal Medication

Any student that takes medications should have had them sent in by the parents, labeled and deposited in the clinic

## Pain Medication

### Paracetamol

The safest form of pain medication to be given as a first aid measure is paracetamol.

### Ibuprofen

Ibuprofen is generally safe unless bleeding disorder is suspected. It should not be taken if the stomach is empty because it might cause stomach irritation.

### Aspirin

Aspirin is good for relieving pain and headache but not for children because it can cause Reye's Syndrome, a fatal disease that affects the brain and the liver, when they have viral infection. In adults aspirin use can lead to abdominal ulcers and irritation of the stomach lining especially when it is taken with an empty stomach.

## Reporting

### Accidents and injuries

All accidents and injuries should be reported to a safety officer. An accident form will be completed, and a copy sent to the parents or guardian of the student. The original should be filed in the main office.

### Risk assessment

A risk assessment review will take place per term, carried out by the health safety officers and one senior member of the maintenance team. Any concerns, repairs or required purchases will be documented and communicated to the Principal for review and approval.

### Physical conditions of students

All students have a baseline record of their physical condition such as body weight and height, vision, hearing, and general condition. Any physical abnormalities that might affect their learning capacity will be highlighted and informed to the related teachers. Any special care for those abnormalities will be noted by the clinic staff for delivering appropriate treatment to them. It is the responsibility of the clinic staff to ensure these records are up to date and accessible in case of emergency.

## Documentation

### Accident report form

- Date & time of accident
- Person injured

- Description of injury
- Tick box and give name of parent/guardian notified and how they were notified
- Document action taken and medication administered
- Copy form and send one home to parents and file original in main office
- Will design a form to go in here as a sample of one to be prepared for each accident or injury.

### **Potential hazards checklist**

Maintenance staff monitors all buildings for following potential hazards:

- Snake or scorpion hiding place: piles of bamboo, wood or leaves/plant matter
- Mosquito breeding place
- Trailing cables
- Slippery floor
- Broken steps or paths
- Fans unfitted securely
- Broken furniture
- Over stacked shelves
- Things on pathways
- Loose rope barriers on Kul-Kul bridge

The other staff should report to ASAP the operation manager if they see any above hazards.

The operation manager will remove the hazards; the more dangerous the hazard is, the sooner the corrective action will be carried out