Cheltenham Community Centre Early Learning Childcare

E26. Administration of First Aid

1. Policy

1.1 This policy will provide guidelines for the administration of first aid at Cheltenham Community Centre (CCC) Early Learning Childcare

1.2 CCC Early Learning Childcare committed to:

- providing a safe and healthy environment for all children, early childhood educators, staff and others attending the service
- providing a clear set of guidelines in relation to the administration of first aid at the service
- ensuring that the service has the capacity to deliver current approved first aid, as required.

1.3 This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood educators, staff, students, volunteers, parents/guardians, children, and other attending the programs and activities of CCC Early Learning Childcare.

1.4 In order to assess whether the values and purposes of this policy have been achieved, we will:

- Welcome feedback from everyone affected by this policy regarding its effectiveness
- Monitor the implementations, compliance, complaints, and incidents in relation to this policy
- Keep the policy up to date with current legislation, research, policy, and best practice
- Consider the advice of relevant bodies or organisations such as Australian Red Cross and St John Ambulance when reviewing this policy
- Revise the policy and procedures as part of the service's policy review cycle, or as required, and
- Notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

2. Procedures

2.1 **First Aid responder's role:**
The following circumstances are examples of, but not limited to when first aid is required until assistance from a qualified health professional becomes available:

- Life threatening injury or illness
- Choking /blocked airway
- Anaphylactic reaction to an allergen, e.g. nuts, eggs
- Bleeding
- Bone fracture
- Convulsions and/or high temperature
- Injury to head, eye or back
- Asthma attack
- Excess vomiting or diarrhoea presenting a risk of dehydration
- Loss of consciousness

- Burns, which includes sunburn
- Poisoning from hazardous chemicals, plants, substances, and
- Bites from spiders, insects or snakes.

2.2 **In a medical emergency Educators/First Aid Responder needs to:**

- Attend immediately to an injured/ill child or individual and implement appropriate first aid management.
- Assess if there is a need for an ambulance to attend and call 000 for attendance or advise a co-worker to make the call.
- Identify any risks in the immediate area and minimise/eliminate these.
- Implement any medical condition action plans that are required if a child with a diagnosed medical condition is involved.
- In the event of a child going into Anaphylactic shock who does NOT have a Medical Management Plan, the service's EpiPen is to only be administered to a child with over the phone consent from an ambulance officer/medical practitioner.
- Monitor the child's/individual's condition and maintain appropriate first aid support if required until further assistance is available from qualified health professionals.
- Ensure that arrangements are made to remove the child/individual as soon as possible in the interests of the health, safety and wellbeing of that child and others.
- Notify as soon as practicable the parents/guardians of a child involved in a serious medical emergency or accident.
- Document as soon as practicable the incident details on the Incident, Injury, Trauma and Illness Record as per the Incident, Injury, Trauma and Illness Policy
- Notify DET within 24 hours of a serious incident occurring at the service
- In the case of a serious accident/injury of an adult, as far as practicable, the scene of the accidents should not be touched as it may need to be inspected by an inspector from WorkSafe
- Notify WorkSafe if a serious workplace injury has occurred as soon as practicably possible and in writing within 48 hours of the accident occurring.
- In the event of an asthma attack, (if the service spacer was used) the used spacer must be provided to the family and a new spacer to be purchased for the service as soon as possible.
- In the event of anaphylaxis, the used adrenaline autoinjectors to be given to the ambulance officer attending the scene, with the date and time it was used.

2.3 **First Aid kit guidelines:**

FIRST AID KITS SHOULD:

- not be locked.
- be appropriate for the number of employees and children and adequate for the immediate treatment of injuries at the service
- be easy to access and if applicable, located where there is a risk of injury occurring, with no longer than a minute to reach, including time required to access secure areas
- be constructed of resistant material, be dustproof and of sufficient size to adequately store the required contents
- be capable of being sealed and preferably be fitted with a carrying handle as well as have internal compartments
- contain a list of the contents of the kit.
- be regularly checked using the First Aid Kit Checklist Guidelines to ensure the contents are as listed and have not deteriorated or expired (refer to First Aid Kit Checklist Guidelines).
- have a white cross on a green background with the words 'First Aid' prominently displayed on the outside.
- display emergency telephone numbers, the phone number and location of the service
- be checked regularly (at beginning of each term) to ensure they are fully stocked; no products have expired, and the contents replenished as necessary

- First Aid kits must be taken on excursions and First Aid qualified educators must be in attendance.

FIRST AID KIT CHECKLIST GUIDELINES:
The below checklist is a framework to guide implementation. The Compliance Code: First Aid in the workplace by WorkSafe Victoria states the employer needs to determine the appropriate contents and quantity of a first kit for their workplace. Suggested contents include, but are not limited to:

- basic first aid guide
- medium sterile unmedicated wound dressings
- CRP chart
- instant cold pack
- disposable gloves
- large sterile unmedicated wound dressings
- resuscitation mask/face shield
- non-allergenic tape
- individually wrapped sterile adhesive dressings (e.g. Band Aids)
- crepe bandages
- compression bandages
- emesis bag
- sterile eye pads
- scissors
- sterile coverings for serious wounds
- tweezers
- triangular bandages
- notebook for recording details of first aid provided
- safety pins
- sterile saline solution
- small sterile unmedicated wound dressings
- plastic bags for disposal
- emergency accident blanket/space blanket
- sharps container
- thermometer
- black permanent maker

Asthma first aid:

- reliever medication
- 2 small volume spacer devices
- 2 compatible children's face masks (for children under the age of four)
- record form and pen
- asthma first aid instruction card.

Asthma Australia recommends that spacers and face masks are for single use only. It is essential to have at least two spacers and two face masks in each first aid kit, and these should be replaced once used.

Adrenaline autoinjector kit (for general use):
For general use for a child previously undiagnosed for anaphylaxis, where they have a first-time reaction. Having an adrenaline autoinjector for general use should be considered as being additional to the prescribed adrenaline autoinjectors and should NOT be a substitute for children at high risk of anaphylaxis having their own prescribed adrenaline autoinjector/s.

Kit may include:

- in-date adrenaline autoinjector stored in an insulated container; stored away from direct heat and/or cold.
- ASCIA First Aid plan for Anaphylaxis card
- a pair of disposable gloves note pad and a permanent marker.

STANDARD PORTABLE FIRST AID KIT

Suggested contents include, but not limited to:

- basic first aid guide & CRP chart
- emergency accident blanket/space blanket
- plastic bags for disposal
- resuscitation mask/face shield
- gloves
- scissors • emesis bag
- instant cold pack
- sterile saline solution
- notebook for recording details of first aid provided
- compression bandages individually wrapped sterile adhesive dressings (e.g. Band Aids)

EMERGENCY BACKPACK:

Suggested contents include, but not limited to:

- parent contact information including authorisations (take an iPad – Xplor can operate without Wi-Fi for parent and emergency contact details & children's attendance/enrolment records).
- staff emergency contact information
- children and staff with additional/medical needs list including medication
- portable battery powered radio (batteries checked and charged)
- facility keys (including gates/padlock keys)
- standard portable First Aid Kit
- portable non-perishable snacks (use by date checked)
- torch (batteries checked and/or charged)
- whistle
- copy of facility site plan and EMP including evacuation routes
- bottled water (use by date checked)
- sunscreen and spare sunhats
- toiletry supplies
- plastic garbage bags
- traffic/emergency safety vest and/or tabards

2.4 **Responsibilities**

The Approved provider and persons with management or control are responsible for:

- Ensuring that every reasonable precaution is taken to protect children, staff and others at the service from harm and hazards that are likely to cause injury
- Assessing the first aid requirements for the service. A first aid risk assessment can assist with this process
- Ensuring that at least one early childhood educator with current approved first aid qualifications is in attendance and immediately available at all times that children are being educated and cared for by the service. This can be the same person who has anaphylaxis management training and emergency asthma management training
- Ensuring that the prescribed educator-to-child ratios are met at all times.
- Appointing a staff member or nominated supervisor to be the nominated First Aid Officer. This is a legislative requirement where there are 10 or more employees but is also considered best practice where there are fewer than 10 employees
- Advising families that a list of first aid and other health products used by the service is available for their information, and that first aid kits can be inspected on request

- Providing and maintaining an appropriate number of up-to-date, easily recognisable, readily accessible, suitably equipped first aid kits, with in-date products that meet Australian Standards. The appropriate number of kits will depend on the number of children in the service, the number of rooms and their proximity to each other, and distances from outdoor spaces to the nearest kit.
- Ensuring procedures are developed for the regular monitoring of all first aid kits Ensuring defibrillators are maintained and regularly tested and serviced, including cyclical replacement of pads and batteries as per manufacturer specifications.
- Ensuring a risk assessment is conducted prior to an excursion to identify risks to health, safety, or wellbeing and specifying how these risks will be managed and minimised.
- Providing and maintaining a portable first aid kit that can be taken offsite for excursions and other activities
- Ensuring that first aid training details, and renewal dates are recorded on each staff member's record
- Ensuring safety signs showing the location of first aid kits are clearly displayed.
- Ensuring there is an induction process for all new staff, casual and relief staff, that includes providing information on the location of first aid kits and specific first aid requirements.
- Ensuring that parents are notified within 24 hours if their child is involved in an incident, injury, trauma or illness at the service and recording details on the Incident, Injury, Trauma and Illness Record.
- Notifying DET within 24 hours of a serious incident occurring at the service
- Ensuring that staff are offered support and debriefing following a serious incident requiring the administration of first aid.
- Ensuring a resuscitation flow chart is displayed in a prominent position in the indoor and outdoor environments of the service
- Keeping up to date with any changes in procedures for administration of first aid and ensuring that all educators are informed of these changes.
- Ensuring that all children are adequately supervised while providing first aid and comfort for a child involved in an incident or suffering trauma
- Ensuring that the details of any incident requiring the administration of first aid are recorded on the Incident, Injury, Trauma and Illness Record no later than 24 hours after the occurrence.
- Ensuring all out of date first aid kit contents are disposed of safely. The safest way to dispose of unused/out of date medicines is through the Return Unwanted Medicines (RUM) scheme which is run by a government funded organisation called The National Return & Disposal of Unwanted Medicines Limited: https://returnmed.com.au/
- **The Nominated supervisor and persons in day-to-day charge are responsible for:**
- Ensuring that every reasonable precaution is taken to protect children, staff and others at the service from harm and hazards that are likely to cause injury
- Assessing the first aid requirements for the service. A first aid risk assessment can assist with this process
- Ensuring that at least one early childhood educator with current approved first aid qualifications is in attendance and immediately available at all times that children are being educated and cared for by the service. This can be the same person who has anaphylaxis management training and emergency asthma management training
- Ensuring that the prescribed educator-to-child ratios are met at all times.
- Appointing a staff member or nominated supervisor to be the nominated First Aid Officer. This is a legislative requirement where there are 10 or more employees but is also considered best practice where there are fewer than 10 employees
- Advising families that a list of first aid and other health products used by the service is available for their information, and that first aid kits can be inspected on request
- Providing and maintaining an appropriate number of up-to-date, easily recognisable, readily accessible, suitably equipped first aid kits, with in-date products that meet Australian Standards. The appropriate number of kits will depend on the number of children in the

service, the number of rooms and their proximity to each other, and distances from outdoor spaces to the nearest kit.

- Ensuring procedures are developed for the regular monitoring of all first aid kits Ensuring defibrillators are maintained and regularly tested and serviced, including cyclical replacement of pads and batteries as per manufacturer specifications.
- Ensuring a risk assessment is conducted prior to an excursion to identify risks to health, safety, or wellbeing and specifying how these risks will be managed and minimised.
- Ensuring that the Ambulance Victoria AV How to Call Card is displayed near all telephones or in a visible location.
- Providing and maintaining a portable first aid kit that can be taken offsite for excursions and other activities
- Ensuring that first aid training details, and renewal dates are recorded on each staff member's record
- Ensuring safety signs showing the location of first aid kits are clearly displayed.
- Ensuring there is an induction process for all new staff, casual and relief staff, that includes providing information on the location of first aid kits and specific first aid requirements
- Ensuring that parents are notified within 24 hours if their child is involved in an incident, injury, trauma or illness at the service and recording details on the Incident, Injury, Trauma and Illness Record.
- Notifying DET within 24 hours of a serious incident occurring at the service
- Ensuring that staff are offered support and debriefing following a serious incident requiring the administration of first aid.
- Ensuring a resuscitation flow chart is displayed in a prominent position in the indoor and outdoor environments of the service.
- Keeping up to date with any changes in procedures for administration of first aid and ensuring that all educators are informed of these changes.
- Implementing appropriate first aid procedures when necessary.
- Maintaining current approved first aid qualifications, and qualifications in anaphylaxis management and emergency asthma management, as required.
- Practicing CPR and administration of an autoinjector at least annually.
- Ensuring that all children are adequately supervised while providing first aid and comfort for a child involved in an incident or suffering trauma
- Ensuring that the details of any incident requiring the administration of first aid are recorded on the Incident, Injury, Trauma and Illness Record no later than 24 hours after the occurrence.
- Ensuring the parent/guardian reads and signs the Incident, Injury, Trauma and Illness Record
- Ensuring all out of date first aid kit contents are disposed of safely. The safest way to dispose of unused/out of date medicines is through the Return Unwanted Medicines (RUM) scheme which is run by a government funded organisation called The National Return & Disposal of Unwanted Medicines Limited: https://returnmed.com.au/

The educators and all other staff are responsible for:

- Ensuring that every reasonable precaution is taken to protect children, staff and others at the service from harm and hazards that are likely to cause injury
- Ensuring that the prescribed educator-to-child ratios are met at all times.
- Advising families that a list of first aid and other health products used by the service is available for their information, and that first aid kits can be inspected on request
- Ensuring a risk assessment is conducted prior to an excursion to identify risks to health, safety, or wellbeing and specifying how these risks will be managed and minimised.
- Ensuring that the Ambulance Victoria AV How to Call Card is displayed near all telephones or in a visible location.
- Providing and maintaining a portable first aid kit that can be taken offsite for excursions and other activities

- Ensuring that parents are notified within 24 hours if their child is involved in an incident, injury, trauma or illness at the service and recording details on the Incident, Injury, Trauma and Illness Record.
- Implementing appropriate first aid procedures when necessary.
- Maintaining current approved first aid qualifications, and qualifications in anaphylaxis management and emergency asthma management, as required.
- Practicing CPR and administration of an autoinjector at least annually.
- Ensuring that all children are adequately supervised while providing first aid and comfort for a child involved in an incident or suffering trauma
- Ensuring that the details of any incident requiring the administration of first aid are recorded on the Incident, Injury, Trauma and Illness Record no later than 24 hours after the occurrence.
- Ensuring the parent/guardian reads and signs the Incident, Injury, Trauma and Illness Record
- Notifying the approved provider or nominated supervisor six months prior to the expiration of their first aid, asthma or anaphylaxis accredited training.
- Ensuring all out of date first aid kit contents are disposed of safely. The safest way to dispose of unused/out of date medicines is through the Return Unwanted Medicines (RUM) scheme which is run by a government funded organisation called The National Return & Disposal of Unwanted Medicines Limited: https://returnmed.com.au/

The Nominated First Aid Officer:

- Assessing the first aid requirements for the service. A first aid risk assessment can assist with this process
- Advising families that a list of first aid and other health products used by the service is available for their information, and that first aid kits can be inspected on request
- Providing and maintaining an appropriate number of up-to-date, easily recognisable, readily accessible, suitably equipped first aid kits, with in-date products that meet Australian Standards. The appropriate number of kits will depend on the number of children in the service, the number of rooms and their proximity to each other, and distances from outdoor spaces to the nearest kit.
- Ensuring procedures are developed for the regular monitoring of all first aid kits Ensuring defibrillators are maintained and regularly tested and serviced, including cyclical replacement of pads and batteries as per manufacturer specifications.
- Providing and maintaining a portable first aid kit that can be taken offsite for excursions and other activities
- Ensuring safety signs showing the location of first aid kits are clearly displayed.
- Ensuring a resuscitation flow chart is displayed in a prominent position in the indoor and outdoor environments of the service.
- Implementing appropriate first aid procedures when necessary.
- Maintaining current approved first aid qualifications, and qualifications in anaphylaxis management and emergency asthma management, as required.
- Practicing CPR and administration of an autoinjector at least annually.
- Notifying the approved provider or nominated supervisor six months prior to the expiration of their first aid, asthma or anaphylaxis accredited training.
- Ensuring all out of date first aid kit contents are disposed of safely. The safest way to dispose of unused/out of date medicines is through the Return Unwanted Medicines (RUM) scheme which is run by a government funded organisation called The National Return & Disposal of Unwanted Medicines Limited: https://returnmed.com.au/

The parents/guardians are responsible for:

- Providing the required information on the service's medication record when a child requires administration of medication.
- Notifying the service of any medical conditions or specific medical treatment required for their child. Where necessary, in consultation with staff, develop appropriate medical

management plans and risk minimisation plans (e.g. asthma, anaphylaxis). Providing any required medication.
- Providing written consent (via the enrolment record) for service staff to administer first aid and call an ambulance, if required.
- Being contactable, either directly or through emergency contacts listed on the child's enrolment record, in the event of an incident requiring the administration of first aid.

3. Legislation and Regulations:

3.1 First aid can save lives and prevent minor injuries or illnesses from becoming major ones. The capacity to provide prompt basic first aid is particularly important in the context of an early childhood service where staff have a duty of care and obligation to assist children who are injured, become ill or require support with administration of medication.

3.2 Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm. The Education and Care Services National Regulations 2011 states that an approved provider must ensure that at least one educator with current approved first aid qualifications is in attendance and immediately available at all times that children are being educated and cared for by the service. Under the Education and Care Services National Law Act 2010, the Australian Children's Education and Care Quality Authority (ACECQA) are required to publish lists of approved first aid qualifications. These lists are available at: www.acecqa.gov.au. As a demonstration of duty of care and best practice ELAA recommends all educators have current approved first aid qualifications.

3.3 It is also a requirement that employers have appropriate first aid arrangements in place, including first aid training, first aid kits and first aid facilities, to meet their obligations under the Occupational Health and Safety Act 2004. WorkSafe Victoria has developed a Compliance Code First aid in the workplace that provides guidance on how these obligations can be met.

3.4 **LEGISLATION AND STANDARDS**

Relevant legislation and standards include but are not limited to:
- Child Wellbeing and Safety Act 2005 (Vic) (Part 2: Principles for Children)
- Education and Care Services National Law Act 2010: Sections 167, 169
- Education and Care Services National Regulations 2011: Regulations 86, 87, 89, 98, 136, 137(1)(e), 147, 161(1) (a)(i) (ii), 168(2)(a)(iv), 174, 175, 176
- National Quality Standard, Quality Area 2: Children's Health and Safety
- Occupational Health and Safety Act 2004
- National Law: Section 167

Regulations:
- Regulation 136(1) (a)
- Regulation 172 (2)
- Regulations 100, 101, 102B, 102C

The most current amendments to listed legislation can be found at:
- Victorian Legislation – Victorian Law Today
- Commonwealth Legislation – Federal Register of Legislation

4. DEFINITIONS

4.1 **Anaphylactic Reaction:** A severe, life-threatening allergic reaction that occurs rapidly after exposure to an allergen. Symptoms may include difficulty breathing, swelling of the face or

throat, hives, and a sudden drop in blood pressure. Immediate administration of an adrenaline auto-injector (e.g., EpiPen) and emergency medical assistance are essential.

4.2 **Approved first aid qualification:** The list of approved First Aid qualifications and Anaphylaxis management and emergency Asthma management training published on the ACECQA website: www.acecqa.gov.au

4.3 **Asthma Attack:** A sudden worsening of asthma symptoms caused by inflammation and narrowing of the airways. Symptoms may include difficulty breathing, wheezing, coughing, and tightness in the chest. Prompt use of a reliever inhaler and appropriate first aid is required, and emergency medical help may be needed if symptoms do not improve.

4.4 **Convulsions:** Involuntary, rapid, and uncontrollable muscle movements caused by abnormal electrical activity in the brain. Convulsions may include jerking, stiffening of the body, and loss of consciousness. Immediate first aid and medical attention may be required.

4.5 **Emesis Bag:** A disposable, portable bag designed for the safe and hygienic collection of vomit. Often used in medical and childcare settings, it helps manage sickness cleanly and minimizes the risk of spreading germs.

4.6 **EpiPen:** A brand of adrenaline (epinephrine) auto-injector used for the emergency treatment of severe allergic reactions (anaphylaxis). It delivers a quick dose of adrenaline to help reduce swelling, open the airways, and improve blood flow. EpiPens should be used as directed in an anaphylactic emergency, followed by immediate medical attention.

4.7 **First aid:** The provision of initial care in response to an illness or injury. It generally consists of a series of techniques to preserve life, protect a person (particularly if unconscious), prevent a condition worsening and promote recovery. First aid training should be delivered by approved first aid providers, and a list is published on the ACECQA website: www.acecqa.gov.au

4.8 **First aid kit:** The Compliance Code: First aid in the workplace, developed by WorkSafe Victoria, lists the minimum requirements for a first aid kit (refer to Attachment 3). The Compliance Code: First aid in the workplace is available at: www.worksafe.vic.gov.au.

4.9 **Resuscitation flowchart:** Outlines the six steps involved in resuscitation: danger, response, airways, breathing, compression and defibrillation. The Australian Resuscitation Council provides flowcharts for the resuscitation of adults and children free of charge at: https://resus.org.au/guidelines/flowcharts-3/

4.10 **Tabards:** Sleeveless, protective outer garments worn over clothing to keep clothes clean during messy activities. Commonly used in childcare settings, they are easy to put on and remove and provide practical coverage for arts, crafts, and mealtimes.

5. SOURCES

- Ambulance Victoria: www.ambulance.vic.gov.au
- Australian Children's Education and Care Quality Authority (ACECQA): www.acecqa.gov.au
- Australian Red Cross: www.redcross.org.au
- St John Ambulance Australia (Vic): www.stjohnvic.com.au
- First aid in the workplace: www.worksafe.vic.gov.au

RELATED POLICIES

- Administration of Medication
- Child safe and wellbeing

- Responding to Medical Conditions – including Anaphylaxis, Allergies, Asthma and Diabetes
- Child Safe Environment
- Dealing with Infectious Diseases and including minimum exclusion periods
- Dealing with Medical Conditions
- Water Safety
- Emergency and Evacuation
- Sun Smart
- Excursions and Incursions
- Incident, Injury, Trauma and Illness
- Workplace Health and Safety
- Relaxation and Sleep
- Staffing
- Supervision of Children

Revision History

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