ADMINISTRATION OF FIRST AID

QUALITY AREA 2 | ELAA VERSION 1.2



PURPOSE

This policy will provide guidelines for the administration of first aid at Denzil Don Kindergarten.



POLICY STATEMENT

VALUES

Denzil Don Kindergarten is committed to:

- providing a safe and healthy environment for all children, 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.

SCOPE

This policy applies to staff, students, volunteers, visitors, parents/carers, children, and others attending programs and activities at Denzil Don Kindergarten, including offsite excursions.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teachers, educators, and all other staff	Nominated first aid officer	Parents/guardians	Contractors, volunteers, and students	
R indicates legislation requirement and should not be deleted.							
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 (National Law: Section 167)	R	R	V				
Assessing the first aid requirements for the service (refer to Attachment 3). A first aid risk assessment can assist with this process (refer to Attachment 4)	R	V		V			
Ensuring that the following qualified people are in attendance at all times at any place, children are being educated and cared for by the service and immediately available in an emergency (Regulation 136):	R	V					

 at least one staff member or nominated supervisor of the service who holds a current (refer to Definitions) approved first aid qualification at least one staff member or nominated supervisor of the service who has undertaken current (refer to Definitions) approved anaphylaxis management training at least one staff member or nominated supervisor of the service who has undertaken current (refer to Definitions) approved emergency asthma management training. 					
Ensuring first aid requirements are met when transporting children as part of the education and care service and must be met in each vehicle (Regulation 136)	R	√	V		
Ensuring that the prescribed educator-to-child ratios are maintained at all times (refer to Supervision of Children Policy)	R	√	√		
Appointing a staff member or nominated supervisor to be the nominated first aid officer. This is a legislative requirement where there are ten or more employees but is also considered best practice where fewer than ten employees are Occupational Health and Safety Act 2004.	R	V			
Advising parent/carers 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	√	√	√	V	
Providing and maintaining an appropriate number of up-to-date, easily recognisable, readily accessible, suitably equipped first aid kits (refer to Attachment 3), with in-date products that meet Australian Standards (refer to Definitions). 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 (Regulation 89)	R	V		√	
Ensuring procedures are developed for the regular monitoring of all first aid kits are suitably equipped (Regulations 89)	R	√		√	
Ensuring defibrillators are maintained and regularly tested and serviced, including cyclical replacement of pads and batteries as per manufacturer specifications	V	V		1	
Ensuring a risk assessment is conducted before an excursion to identify risks to health, safety, or wellbeing and specifying how these risks will be managed and minimised (Regulations 100, 101, 102B, 102C). Refer to Excursions and Service Events Policy and Road Safety and Safe Transport Policy	R	V	V		
Providing and maintaining a portable first aid kit that can be taken offsite for excursions and other activities (Regulation 89) (refer to Attachment 3)	R	V	V	1	
Ensuring an Ambulance Victoria AV How to Call Card (refer to Sources) is displayed near all telephones or in a visible location.	V	√	V		

Ensuring that first aid training details and renewal dates are recorded on the staff currency record (Regulation 146, 147)	R	√				
Ensuring safety signs showing the location of first aid kits are clearly displayed (Regulation 89) (refer to Attachment 3)	R	√		√		
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	R	√				
Ensuring that parents/carers 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 (refer to Definitions)	R	V	V			
Notifying DE within 24 hours of a serious incident (refer to Definitions) occurring at the service	R	V				
Ensuring that staff are offered support and debriefing following a serious incident requiring the administration of first aid (refer to Incident, Injury, Trauma and Illness Policy)	V	√				
Ensuring a resuscitation flow chart (refer to Definitions) is displayed in a prominent position in the indoor and outdoor environments of the service (refer to Attachment 1)	√	V		1		
Keeping up to date with any changes in procedures for the administration of first aid and ensuring that all educators are informed of these changes	√	√				
Implementing appropriate first aid procedures when necessary (refer to Attachment 1 & 2)		V	V	√		
Maintaining current approved first aid qualifications and qualifications in anaphylaxis management and emergency asthma management, as required		R	R	R		
Practicing CPR and administration of an auto-injector at least annually (in accordance with other service policies)		R	R	R		
Ensuring that all children are adequately supervised (refer to the Supervision of Children Policy) while providing first aid and comfort for a child involved in an incident or suffering trauma (refer to Attachment 2)	R	√	V			
Ensuring the details of any incident requiring the administration of first aid are recorded on the Incident, Injury, Trauma, and Illness Record (refer to Definitions) no later than 24 hours after the occurrence (refer to Incident, Injury, Trauma and Illness Policy)	R	√	√			
Ensuring the parents/carers read and sign the Incident, Injury, Trauma and Illness Record		√	V			
Ensuring out-of-date first aid kit contents are disposed of safely.	√	V	V	√		
Providing the required information on the service's medication record (refer to Definitions) when a child requires medication to be administered (refer to Administration of Mediation Policy)					R	

Notifying the service of any medical conditions or specific medical treatment required for the child. In consultation with staff, develop appropriate medical management plans and risk minimisation plans (e.g. asthma, anaphylaxis) where necessary. Providing any required medication. (refer to Asthma Policy and Anaphylaxis Policy)			R	
Providing written consent on the enrolment form for staff to administer first aid and call an ambulance if required			R	
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			V	



PROCEDURES

BASIC LIFE SUPPORT FLOW CHART PROCEDURE – refer to Attachment 1
FIRST AID RESPONDER'S ROLE – refer to Attachment 2



BACKGROUND AND LEGISLATION

BACKGROUND

First aid can save lives and prevent minor injuries or illnesses from becoming major. 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.

Legislation that governs the operation of approved children's services is based on children's health, safety, and welfare 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) is 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.

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 for First Aid in the workplace (refer to Sources)* that guides how these obligations can be met.

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
- Education and Care Services National Regulations 2011
- National Quality Standard, Quality Area 2: Children's Health and Safety
- Occupational Health and Safety Act 2004

The most current amendments to listed legislation can be found at:

- Victorian Legislation Victorian Law Today: <u>www.legislation.vic.gov.au</u>
- Commonwealth Legislation Federal Register of Legislation: www.legislation.gov.au



DEFINITIONS

The terms defined in this section relate specifically to this policy. Refer to the definitions file on the kindergarten website for regularly used terms.

Approved first aid qualification: a list of approved first aid qualifications and anaphylaxis management and emergency asthma management training published on the ACECQA website: www.acecqa.gov.au

Current first aid qualifications: are taken to be current if:

- cardiopulmonary resuscitation training that forms part of the approved first aid qualification was completed within the previous year
- first aid qualification was completed within the previous three years
- anaphylaxis management training was completed within the previous three years
- emergency asthma management was completed within the previous three years

First aid is providing initial care in response to an illness or injury. It generally consists of techniques to preserve life, protect a person (particularly if unconscious), prevent a condition from worsening, and promote recovery.

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.

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/



SOURCES AND RELATED POLICIES

SOURCES

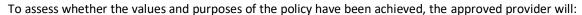
- Ambulance Victoria: www.ambulance.vic.gov.au
- Australian Children's Education and Care Quality Authority (ACECQA): www.acecqa.gov.au
- Australian Red Cross: <u>www.redcross.org.au</u>
- St John Ambulance Australia (Vic): <u>www.stjohnvic.com.au</u>
- First aid in the workplace: www.worksafe.vic.gov.au

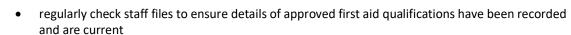
RELATED POLICIES

- Administration of Medication
- Anaphylaxis and Allergic Reactions
- Asthma
- Child Safe Environment and Wellbeing
- Dealing with Infectious Diseases
- Dealing with Medical Conditions

- Diabetes
- Emergency and Evacuation
- Epilepsy and Seizures
- Excursions and Service Events
- Incident, Injury, Trauma and Illness
- Occupation Health and Safety
- Road Safety and Safe Transport
- Staffing

EVALUATION





- monitor the implementation, compliance, complaints, and incidents in relation to this policy
- review the first aid procedures following an incident to determine their effectiveness
- regularly seek feedback from the nominated first aid officer and everyone affected by the policy regarding its effectiveness
- keep the policy up to date with current legislation, research, policy and best practice
- consider the advice of relevant bodies or organisations such as the 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
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2))



ATTACHMENTS

- Attachment 1: Basic Life Support Flow Chart
- Attachment 2: First Aid responder's role
- Attachment 3: Minimum requirements for a first aid kit

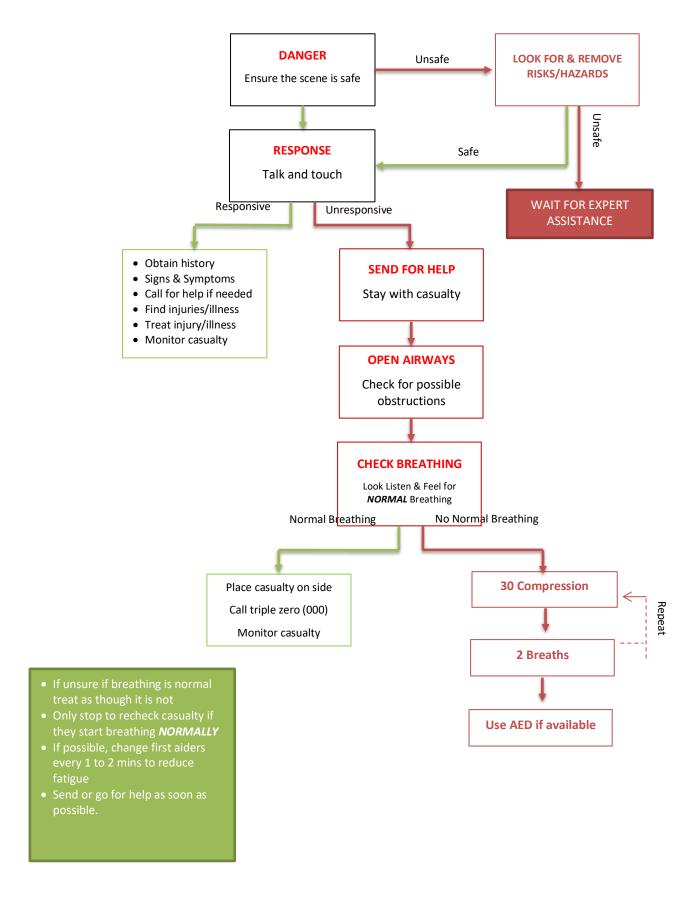


AUTHORISATION

This policy was adopted by the approved provider of Denzil Don Kindergarten on 24/11/2023.

REVIEW DATE: 24 / NOVEMBER / 2025

ATTACHMENT 1. BASIC LIFE SUPPORT FLOW CHART



ATTACHMENT 2: 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

In a medical emergency, Educators/First Aid Responders need to:

- Attend immediately to the injured/ill child or individual and implement appropriate first aid management.
- Assess if an ambulance is required and, if it is, to call 000 or advise a co-worker to make the call.
- Identify any risks in the immediate area and minimise/eliminate these.
- Implement any necessary medical condition action plans 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 general use adrenaline injector should be given to the child immediately, and an ambulance called.
- 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/carers 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 DE within 24 hours of a serious incident (refer to Definitions) occurring at the service
- In the case of a serious accident/injury of an adult, as far as practicable, the scene of the accident 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 anaphylaxis, the used adrenaline autoinjectors are to be given to the ambulance officer attending the scene, with the date and time it was used.

ATTACHMENT 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 (refer to Note)
- be easily accessible and, if applicable, located where there is a risk of injury occurring, with no longer than a minute to reach, including the time required to access secure areas.
- be made of resistant material, dustproof, and of sufficient size to adequately store the required contents.
- be capable of being sealed and preferably be fitted with a carry 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 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
- have a process to ensure they are fully stocked, no items have expired, and the contents replenished as necessary.
- First Aid kits must be taken on excursions and First Aid qualified ECTs or educators must be in attendance.

First Aid kit contents: Denzil Don Kindergarten

- · basic first aid guide
- CRP chart
- disposable gloves
- resuscitation mask/face shield
- individually wrapped sterile adhesive dressings (e.g., Band Aids)
- compression bandages
- sterile eye pads
- sterile coverings for serious wounds
- triangular bandages
- safety pins
- small sterile unmedicated wound dressings
- emergency accident blanket/space blanket
- thermometer is kept in each room
- Asthma first aid:
- reliever medication
- one small volume spacer devices
- record form
- asthma first aid instruction card.

- medium sterile unmedicated wound dressings
- instant cold pack
- large sterile unmedicated wound dressings
- non-allergenic tape
- crepe bandages
- emesis bag
- scissors
- tweezers
- notebook for recording details of first aid provided
- sterile saline solution
- plastic bags for disposal
- sharps container
- black permanent maker

Asthma Australia has advised Denzil Don Kindergarten that spacers and face masks can be washed in warm, soapy water after use, and reused.

Adrenaline autoinjector kit (for general use: a spare for children previously undiagnosed with anaphylaxis):

Having an adrenaline autoinjector for general use (e.g. for use when children previously undiagnosed with anaphylaxis have an anaphylactic episode) 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 includes:

- 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
- notepad and a permanent marker.

Standard Portable First Aid Kit

Suggested contents include, but not limited to:

- basic first aid guide & CRP chart
- plastic bags for disposal
- gloves
- sterile saline solution
- notebook for recording details of first aid provided
- compression bandages, sterile adhesive dressings

- emergency accident blanket/space blanket
- resuscitation mask/face shield
- scissors
- instant cold pack
- emesis bag

Emergency Backpack

Suggested contents include, but not limited to:

- parent/carer contact information, including authorisations
- children and staff with medical needs (and medication) list
- facility keys
- whistle
- copy of facility site plan and EMP, including evacuation routes
- plastic garbage bags
- traffic/emergency safety vest

- staff emergency contact information
- standard portable First Aid Kit
- torch with working batteries
- children's enrolment records
- bottled water (use by date checked)
- toiletry supplies