

Yarram Early Learning Administration of First Aid

Mandatory – Quality Area 2

PURPOSE

This policy will provide guidelines for the administration of first aid at Yarram Early Learning Incorporated.

POLICY STATEMENT

1. VALUES

Yarram Early Learning Incorporated is committed to:

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

2. SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Yarram Early Learning Incorporated, including during offsite excursions and activities.

3. BACKGROUND AND LEGISLATION

Background

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.

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* state 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/qualifications/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 *First aid in the workplace* that provides guidance on how these obligations can be met.

Authorisation to administer medication

Medication (including prescription, non-prescription, over-the-counter and homeopathic medications) must not be administered to a child at a service without the authorisation of a parent/guardian or person with the lawful authority to consent to the administration of medical attention to the child.

In the case of an anaphylaxis or asthma emergency, where the child does not have a medical management plan or other form of authorisation, first aid treatment is provided as described in the [Anaphylaxis Policy](#) and [Asthma Policy](#). In this circumstance, the child's parent/guardian and

emergency services must be contacted as soon as possible after first aid has commenced (*Regulation 94*). In these instances, notifications of serious incidents (*refer to Definitions*) must be made to the regulatory authority (DET) (*refer to Definition*) as soon as is practicable but not later than 24 hours after the occurrence (*National Law: Section 174(2), Regulation 175, 176*) (*refer to Incident, Injury, Trauma and Illness Policy*).

In the case of all other emergencies, it is acceptable to obtain verbal consent from a parent/guardian, or to obtain consent from a registered medical practitioner or medical emergency services if the child's parent/guardian cannot be contacted.

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 87, 89, 136, 137(1)(e), 168(2)(a), 245
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
 - Standard 2.3: Each child is protected
 - Element 2.3.2: Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury
- *Occupational Health and Safety Act 2004*
- Victorian Legislation – Victorian Law Today: www.legislation.vic.gov.au
- Commonwealth Legislation – Federal Register of Legislation: www.legislation.gov.au
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4. DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

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

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

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/qualifications/approved-first-aid-qualifications

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

Incident, Injury, Trauma and Illness Record: Contains details of any incident, injury, trauma or illness that occurs while the child is being educated and cared for by the service. Any incident, injury, trauma or illness must be recorded as soon as is practicable but not later than 24 hours after the occurrence. Details required include the:

- name and age of the child

- circumstances leading to the incident, injury, trauma or illness (including any symptoms)
- time and date
- details of action taken by the service including any medication administered, first aid provided or medical personnel contacted
- details of any witnesses
- names of any person the service notified or attempted to notify, and the time and date of this
- signature of the person making the entry, and time and date of this.

These details need to be kept for the period of time specified in Regulation 183. A sample *Incident, Injury, Trauma and Illness Record* is available on the ACECQA website.

Medication record: Contains details for each child to whom medication is to be administered by the service. This includes the child's name, signed authorisation to administer medication and a record of the medication administered, including time, date, dosage, manner of administration, name and signature of person administering the medication and of the person checking the medication, if required (Regulation 92). A sample medication record is available on the ACECQA website.

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 www.resus.org.au/flowcharts.htm

Serious incident: An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the service in contravention of the regulations or is mistakenly locked in/out of the service premises (Regulation 12). A serious incident should be documented in an *Incident, Injury, Trauma and Illness Record* (sample form available on the ACECQA website) as soon as possible and within 24 hours of the incident. The Regulatory Authority (DET) must be notified within 24 hours of a serious incident occurring at the service (Regulation 176(2)(a)). Records are required to be retained for the periods specified in Regulation 183.

5. SOURCES AND RELATED POLICIES

Sources

- 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

Service policies

- *Administration of Medication Policy*
- *Anaphylaxis Policy*
- *Asthma Policy*
- *Coeliac Disease Policy*
- *Diabetes Policy*
- *Emergency and Evacuation Policy*
- *Excursions and Incursion Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Staffing Policy*
- *Supervision of Children Policy*

RESPONSIBILITIES OF DIFFERENT STAKEHOLDERS

The Approved Provider is responsible for:

- ensuring that every reasonable precaution is taken to protect children at the service from harm and hazards that are likely to cause injury (Section 167)
- assessing the first aid requirements for the service. A first aid risk assessment can assist with this process (refer to Attachment 1 – Sample first aid risk assessment form)
- ensuring that at least one educator with current approved first aid qualifications (refer to *Definitions*) is in attendance and immediately available at all times that children are being educated and cared for by the service (Regulation 136(1)(a)). This can be the same person who has anaphylaxis management training and emergency asthma management training, also required under the Regulations
- appointing an educator 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, fully-equipped first aid kits 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
- 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 (Regulations 100, 101)
- providing and maintaining a portable first aid kit that can be taken offsite for excursions and other activities
- ensuring that first aid training details 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* (refer to *Definitions*)
- 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*)
- 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 parents/guardians are provided with access to this policy
- Ensuring that each child's enrolment form provides details of the name, address and telephone number of any person who is authorised to consent to medical treatment of, or to authorise administration of medication to the child (*Regulation 160(3)(iv)*)

The Nominated Supervisor is responsible for:

- ensuring that every reasonable precaution is taken to protect children at the service from harm and hazards that are likely to cause injury (National Law Section 167)
- ensuring that the prescribed educator-to-child ratios are met at all times (refer to *Supervision of Children Policy*)
- ensuring that all educator's approved first aid qualifications, anaphylaxis management training and emergency asthma management training are current, meet the requirements of the National Act (Section 169(4)) and National Regulations (Regulation 137), and are approved by ACECQA (refer to *Sources*)

- 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 (Regulations 100, 101)
- ensuring a portable first aid kit is taken on all excursions and other offsite activities (refer to *Excursions and Incursion Policy*).
- Ensure that all staff are familiar with the procedures for the administration of medication (*refer to Attachment 1*)
- Ensuring that medication is only administered to a child being educated and cared for by [Service Name] when it is authorised (written or verbal), except in the case of an anaphylaxis or asthma emergency (*Regulations 93, 94*)
- Ensuring that a medication record (*refer to Sources*) meets the requirements set out in *Regulation 92(3)* and is always available for recording the administration of medication to children at the service
- Ensuring that medication records are kept and stored securely until the end of 3 years after the last date on which the child was educated and cared for by the service (*Regulation 183(2)(d)*)

The Nominated first aid officer is responsible for:

- maintaining a current approved first aid qualification (*refer to Definitions*)
- monitoring the contents of all first aid kits and arranging with the Approved Provider for replacement of stock, including when the use-by date has been reached
- disposing of out-of-date materials appropriately
- ensuring a portable first aid kit is taken on all excursions and other offsite activities (*refer to Excursions and Incursion Policy*)
- keeping up to date with any changes in the procedures for the administration of first aid.
- Ensuring that medication is not accessible to children and is stored in a childproof container (including in the refrigerator for medications requiring refrigeration)
- Obtaining verbal authorisation for the administration of medication from the child's parents/guardians/authorised person (as recorded in the child's enrolment record), or a registered medical practitioner or medical emergency services when an authorised person cannot reasonably be contacted in an emergency (*Regulation (93)(5)(b)*)

Certified Supervisors and other educators are responsible for:

- 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 auto-injection device at least annually (in accordance with other service policies)
- 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
- ensuring that the details of any incident requiring the administration of first aid are recorded on the *Incident, Injury, Trauma and Illness Record* (*refer to Definitions*)
- notifying the Approved Provider or Nominated Supervisor six months prior to the expiration of their first aid, asthma or anaphylaxis accredited training
- conducting a risk assessment prior to an excursion to identify risks to health, safety or wellbeing and specifying how these risks will be managed and minimised (Regulations 100, 101).
- Being aware of children who require medication for ongoing conditions or in emergencies, and ensuring that the medical management plans are completed and attached to the child's enrolment form (*Regulation 162*), and displayed for use by those caring for children (being sensitive to privacy requirements)

Parents/guardians are responsible for:

- Providing a current medical management plan when their child requires long-term treatment of a condition that includes medication, or their child has been prescribed medication to be used for a diagnosed condition in an emergency
- 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.
- Informing the ECT or educator if any medication has been administered to the child before bringing them to the service, and if the administration of that medication is relevant to or may affect the care provided to the child at the service

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

The First Aid Policy, procedures and practices are designed to support staff to:

- preserve life
- ensure that ill or injured persons are stabilised and comforted until medical help intervenes;
- monitor ill or injured persons in the recovery stage;
- apply further first aid strategies if the condition does not improve
- ensure that the environment is safe and that other persons are not in danger of becoming ill or injured.

The following incidents are examples of when first aid is required:

- life threatening injury or illness, such as loss of consciousness leading to respiratory or cardiac arrest;
- Sudden Infant Death Syndrome (SIDS);
- choking and/or blocked airway;
- allergic reaction, such as anaphylactic shock to nuts or seafood;
- injury to the head, back or eye;
- bleeding or bone fracture;
- high temperatures and febrile convulsions;
- asthma attack;
- burns (including sunburn);
- excessive vomiting leading to dehydration; and
- poisoning from hazardous chemicals, substances, plants or snake or spider bites.

STRATEGIES AND PRACTICES

First aid consent

- Before treating an injured person, their consent should be asked for and received prior to beginning care. If the injured person is unconscious, or unable to give consent due to their injuries, consent can be assumed and treatment commenced.
- If the injured person is under 18 years old, consent from a parent or guardian should be sought. If a parent /guardian are not present, treatment can be commenced.
- Parents/guardian is required to sign declaration to emergency medical treatment on enrolment to Yarram Early Learning Incorporated.
- Treatment should not be commenced on an adult who declines an offer of help and appears to be of sound mind and able to make decisions. If the first aid treatment is declined, obtain a signed documentation of refusal and enter into first aid treatment book. Inform co-ordinator of any refusal for treatment.

The need for an ambulance

- The first aid attendant should consider relevant circumstances, injuries, potential for shock and other deterioration of the patient etc. when considering the medical or ambulance assistance required and method of transport to medical facilities.
- The preferred method of transporting an injured person/child to hospital is via an ambulance. Where an ambulance is required the cost is borne by parent/guardian.
- For serious or life threatening injuries, first aid attendants should not hesitate to call an ambulance. Upon arrival of an ambulance, responsibility for the injured person/child is transferred to the attending ambulance officer(s).
- Unless there is no alternative, a first aid attendant is responsible for, and must not leave, the injured person/child until medical assistance arrives. Where possible, instruct another person to:
 - Dial 000
 - Ask for the ambulance service
 - When connected, describe the nature of the illness/injury
 - Where required, arrange for another person to meet the ambulance
 - Return and inform the first aid attendant of the expected arrival time of the ambulance
 - Parent will be fully responsible for any cost incurred by Ambulance Victoria

Personal protection

- First aid attendants must use good hygiene and standard precautions, as taught during first aid training, to minimise their exposure to human blood and body fluids.
- It should be assumed that all human blood or body fluids are potentially infectious.
- There is no reason to deny anyone resuscitation.

Please refer to the Yarram Early Learning Incorporated's Hygiene and Infection Control Policy.

Poisons Information Centre

- The Poisons Information Centre telephone number 131126 is displayed:
 - next to every telephone in the service
 - where dangerous products are stored.

First aid kits

- First aid kits are located in each of the children's bathroom and one in the staff room.
- They should be accessible at all times and not kept locked
- First aid kits should be green or white in colour and have the words "FIRST AID" displayed prominently on the kit.
- All staff is responsible for ensuring first aid kits are properly maintained, out of date stock is removed and the contents are replenished as necessary
- First aid kits are to be checked quarterly. A list of recommended contents is given in Appendix B
- A portable first aid kit must be taken on all excursions.

PROCEDURES

Accident/Injury:

If an accident occurs at Yarram Early Learning Incorporated involving a child the following procedure will be adhered to:

Initially the staff member assesses the environment for dangers to themselves and/or others

The staff members will assess the child involved in the accident and makes a decision as to whether the child requires urgent medical assistance.

The staff members then inform the Certified Supervisor, Nominated Supervisor, by sending another staff member or using the internal intercom system.

Urgent Medical Assistance:

If the child requires urgent medical attention an ambulance is called to take the child to hospital.

1. The child's parent or emergency contact is notified
2. The Certified Supervisor, Nominated Supervisor travels to hospital with the child in the ambulance
3. If the child's parents cannot be contacted, the second in charge will continue trying to make contact, firstly with the parents and secondly with emergency contacts on registration card.
4. The Certified Supervisor, Nominated Supervisor can leave the hospital when the parent/guardian arrives or if the child is admitted to hospital.
5. The staff left in charge will contact the Department of Human Services to report the accident, usually within 24 hours

Non Urgent Medical Assistance:

If the staff member decides that the child is not in need of immediate medical attention:

1. Injury is treated as necessary by staff
2. The Certified Supervisor, Nominated Supervisor is informed of injury/incident
3. Parent is notified of accident by phone/ or on arrival
4. Minor injury is to be recorded for parent signature in the accident/injury book

Temperature

If a staff member discovers a child showing any of the following symptoms –

- Listlessness
- Temperature
- Vomiting
- Spots and Rashes
- Red eyes and ears
- Glassy eyes

Or a child just generally presenting as unwell, staff will follow this procedure –

1. Take temperature and remove some of child's clothing if temperature is above 38 degrees
2. Ring parent/guardian and discuss with them their child's illness
3. Give child Panadol/Paracetamol if so ordered by parent/guardian. 2 staff members to speak to parent for permission.

Medications:

Staff

- As pharmaceuticals and medicines have the potential to cause harm, neither first aid attendants nor staff member are to provide medications to staff, including analgesics such as "Panadol"
- Staff wishing to avail themselves with over the counter medications need to purchase their own supply
- Staff who require medications for treating symptoms i.e. asthma should purchase, hold and use their individual medications for their medical conditions. A first aid attendant may assist with the administration of medications.
- It is not the role of the first aid attendant to medically diagnose disease and recommend treatment

Children

- Parents and/or guardians are to ensure they inform Yarram Early Learning Incorporated in writing of any prescribed medication that children need. Where medication is required in spontaneous situations, detailed instructions should be provided i.e. in the case of asthma attacks.
- This medication is stored in a child proof cabinet in each room
- Yarram Early Learning Incorporated ensures that children and staff allergy records are accessible; each room has a list of all children and staff allergies. Lists are up dated as required.
- It is not the role of the first aid attendant to medically diagnose disease and recommend treatment
- Action plans for allergic reactions are on display in all kitchens. Medical tags are on display in all rooms including the staff room

Documenting OHS procedures and practices

- First aid treatment information must be kept confidential and access restricted in accordance with the Privacy Act
- Any staff member administering first aid must record details of treatment given to individuals in the room's individual child medication record, ensuring that the records are accurate, factual and contain relevant information.
- The recorded information should be dated and signed.
 - certified copies of staff first aid qualifications are kept in staff files
 - authorisation by families for staff to administer first aid are sign on the enrolment form and kept in children confidential file.

Protective behaviours and practices

Staff, students and volunteers as role models

- Children learn through example and modelling is an important way to teach children about safe behaviours and practices.
- Staff, students and volunteers must comply with the First Aid Policy.

COMMUNICATION WITH DIFFERENT STAKEHOLDERS

Children

- Brief and concise detail of the Yarram Early Learning Incorporated's strategy.
 - staff communicate with children after a first aid response with caring and honest responses.
 - Children need to be told what is happening and what is going to happen and why.

Families

- Brief and concise detail of Yarram Early Learning Incorporated's strategy.
 - Staff communicates to families as soon as possible after a first aid response.
 - Clear information is to be disclosed to families about a first aid response without breaching privacy and confidentiality guidelines.

Staff

- Yarram Early Learning Incorporated encourage staff to debrief after a first aid response, by talking to other staff and Certified Supervisor, Nominated Supervisor
- Yarram Early Learning Incorporated will also to seek outside support for staff to feel comfortable with the situation as required.
- If there are legal ramifications from an emergency and a first aid response, Yarram Early Learning Incorporated supports the individuals who performed first aid.

Excursions

- Yarram Early Learning Incorporated has a portable first aid kit which is taken on all excursions.

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Certified Supervisor, Nominated Supervisor will:

- regularly check staff files to ensure details of approved first aid qualifications have been recorded and are current
- 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 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
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

ATTACHMENTS

- Attachment 1: Sample first aid risk assessment form

AUTHORISATION

This policy was adopted by Yarram Early Learning Incorporated in August 2023

REVIED BY COMMITTEE - August 2023

TO BE REVIEWED – August 2025

Attachment 1

Sample first aid risk assessment form

This template can be used to assess the first aid requirements for the service. Consultation is an important aspect of first aid risk assessment and management. The Approved Provider and educators should use this as a guide only and may identify other areas specific to their service.

1.	How many people work at the service (estimate for most days)?					
2.	How many children are enrolled at the service (write the number)?					
3.	Do people regularly work in the service after hours?					
4.	Do people work on their own after hours, including on weekends? If yes, approximately how many, how often and for how long at any one time?					
5.	Describe the nature of incidents, injuries or illnesses that have occurred in the service over the last 12 months (if possible, attach a summary of the incident reports)					
6.	Where is the nearest medical service and how long would it take to get an injured person to this service?					
7.	Where is the nearest major hospital with a 24-hour accident and emergency service? How long would it take to get an injured person to this hospital?					
8.	What type of, and how many, first aid kits are available at the service?					
9.	Are the contents of first aid kits complete and up to date as per the contents list?					
10.	Where are the first aid kits located?					
11.	How many current first aid officers are there at the service? (List the number, approved first aid qualifications and qualification expiry dates)					
12.		<table border="1"> <thead> <tr> <th>Hazards</th> <th>Location</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Hazards	Location		
Hazards	Location					

	Identify and list specific hazards and where they may be located	<i>e.g Heaving lifting</i>			<i>e.g Storeroom</i>	
13.	Are there any specific hazards or health concerns that require specific first aid kits or treatment (such as anaphylaxis, asthma etc.)? If yes, list the particular hazards or health concerns and where the specific first aid requirements are kept	Hazards /health concerns	Specific first aid requirements	Specific training required	Staff have appropriate training	Location of first aid equipment
14.	Is there an induction process for all new staff that includes location of first aid kits, specific first aid requirements and so on?					
15.	Has the currency of staff first aid qualifications been checked on a quarterly basis?					

Recommendations

Reference number	Recommendation	Responsibility and time frame
e.g. 3 & 4	Develop safety procedures for staff working on their own/after hours	Approved Provider within 2 months

Names of those responsible for completing this form

Name: _____ Signed: _____ Date: _____

Name: _____ Signed: _____ Date: _____

Date for next review: _____