**ADMINISTRATION OF FIRST AID POLICY 2022**

Updates in Yellow

NATIONAL QUALITY STANDARD (NQS)

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| QUALITY AREA 2: CHILDREN’S HEALTH AND SAFETY |
| 2.1.1 | Wellbeing and comfort  | Each child’s wellbeing and comfort is provided for, including appropriate opportunities to meet each child’s needs for sleep, rest and relaxation. |
| 2.1.2 | Health practices and procedures  | Effective illness and injury management and hygiene practices are promoted and implemented.  |
| 2.2 | Safety  | Each child is protected.  |
| 2.2.1 | Supervision  | At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard. |
| 2.2.2 | Incident and emergency management  | Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.  |

Section/regulation Description

Section 167 Offence relating to protection of children from harm and hazards

Regulation 85 Incident, injury, trauma and illness policies and procedures

Regulation 86 Notification to parent of incident, injury, trauma and illness

Regulation 87 Incident, injury, trauma and illness record

Regulation 88 Infectious diseases

Regulation 89 First aid kits

Regulation 90 Medical conditions policy

Regulation 92 Medication record

Regulation 93 Administration of medication

Regulation 94 Exception to authorisation requirement – anaphylaxis or asthma emergency

Regulation 101 Conduct of risk assessment for excursion

Regulation 102C Conduct of risk assessment for transporting of children by the education and care service

Regulation 136 First aid qualifications

Regulation 137 Approval of qualifications

Regulation 161 Authorisations to be kept in enrolment record

Regulation 162 Health information to be kept in enrolment record

Regulation 168 Education and Care Services must have policies and procedures

Regulation 169 Additional policies and procedures – family day care service

Regulation 170 Policies and procedures to be followed

Regulation 171 Policies and procedures to be kept available

Regulation 172 Notification of change to policies or procedures

Regulation 176 Time to notify certain information to Regulatory Authority

Regulation 183 Storage of records and other documents

#### Purpose

The Service has a duty of care to provide and protect the health and safety of children, families, educators, and visitors of the Service.

The Service is committed to providing an environment that promotes children’s health, safety and wellbeing, which includes ensuring the implementation of clear policies and procedures for the administration of first aid.

First aid is the emergency aid or treatment given to persons suffering illness or injury following an accident and prior to obtaining professional medical services if required.

First aid can preserve life, prevent a condition worsening and promote recovery. 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 to take positive steps towards maintaining the health and safety of each child.

#### Strategies

**When an accident happens:**

When an accident, injury or illness occurs, requiring staff to administer first aid, a staff member with current first aid qualifications must be the one to administer the treatment. List of approved personels (Responsible persons) can administer or delegate to administer first aid to those who meet the criteria.

Staff will:

* Assess the situation for any further danger to themselves or others;
* Staff will implement Frist aid as per DRSABCD (sign displayed to prompt action)
* Staff will wear gloves whilst attending to a child who is bleeding.
* Staff are to practice hygiene procedures such as disposal of gloves, used gauze/wipes/tissues, etc after treatment.
* Other staff are to clear children away from the accident site and continue with the normal routine.
* Staff wash their hands BEFORE AND AFTER treatment.
* No medications will be used on the child unless they are prescribed for that child.
* If first aid is administered, an Incident, Injury and Trauma or Illness report is to be filled out by the staff member present at the time of the accident and the staff member who treated the child/adult. Information should be recorded as soon as possible in the Accident/Injury Register, and within 24 hours after the incident, injury, trauma or illness.
* The Nominated Supervisor or other responsible person is to sight and sign the form.
* The parent is to sight and sign the form and receive a copy within 24 hours of the incident injury or trauma (if they request one). If contact is not possible on the day of the accident, the nominated supervisor or Responsible Person must contact parents by phone or in person as soon as possible the next day.
* A copy of the form is to be put in the child’s file and the details entered on a tracking sheet in the Accident/Injury Register so that staff can review the number and kinds of injuries and make decisions as to how to prevent them happening in the future.
* The National Regulations require that an incident, injury, trauma and illness record be kept, and that the record be accurate and remain confidentially stored until the child is 25 years old **(National Regulation 183(2)(b))**.
* Continue to monitor the child’s condition. If the child’s condition deteriorates, then the Nominated Supervisor or Responsible Person is to assess the situation and if necessary call an ambulance, the parents or other emergency contacts nominated in the enrolment form. If either of these staff members are unavailable then another member of staff is to do this and the Nominated supervisor or Responsible Person is to be notified as soon as possible.
* If the parents are not available and a child needs to go to hospital by ambulance, a staff member is to go with them. In this case the Director is to take the staff member’s place or a casual staff member called to come urgently to maintain staff/child ratios as per the Education and Care Services National Regulation **(National Regulation 123)**.
* Remaining staff are to continue to try to contact the parents/emergency contacts.
* A copy of the child’s enrolment form is to be taken to the hospital by the staff member accompanying the child.
* If a child requires hospitalisation, the Nominated Supervisor or Responsible Person is to contact the regulatory authority, the NSW Early Childhood Education and Care Directorate via NQA ITS Portal within 24 hours.
* A small first aid kit is to be kept in an evacuation pack, which is used in the evacuation of the service, e.g. fire, bomb threat, etc.
* In case of a death of a child in care, the Nominated Supervisor or Responsible Person must immediately give notice of the fact to:
	+ The parent of the child.
	+ The Police.
	+ The regulatory authority, the NSW Early Childhood Education and Care Directorate within 24 hours.
	+ The Approved Provider of the service.

**The National Law requires the Regulatory Authority to be notified of any serious incident at an Approved Service. A serious incident includes (National Regulation 12):**

* The death of a child while attending a service, or following an incident while attending a service.
* Any incident involving injury, trauma or illness of a child where medical attention was sought, or should have been sought (‘Medical attention’ includes a visit to a registered medical practitioner or attendance at a hospital).
* An incident at the service premises where the attendance of emergency services was sought, or should have been sought (‘Emergency services might include ambulance, fire brigade, police and state emergency services).
* Appears to be missing or cannot be accounted for.
* Appears to have been taken or removed from the service premises in a way that breaches the National Regulations.
* Is mistakenly locked in or locked out of any part of the service premises.

A serious incident should be documented as an incident, injury, trauma and illness record as soon as possible and within 24 hours of the incident.

**WHEN IN DOUBT, CALL AN AMBULANCE**

**Administration of over the counter products**

Over the counter creams, medication and sprays will need to be authorised by the parents at enrolments and also at the beginning of the year.

If Nominated supervisor approves an over the counter medication to be administered, Children’s names should be clearly labelled on the product and a permission slip must be signed that educators can apply the cream anytime it is required. (refer to administering medication policy)

If you are applying certain topical creams due to allergy or reaction to mosquito bites (or mosquito repellent) then you will need to ensure that the parents provide a letter from the General Practitioner stating the allergy/reaction and a Medical Management Plan containing information such as times product needs to be given (8am during outdoor play) and conditions to which it should be given (going outside only, applied over legs and arms only). These specific requirements from family’s should to be recorded in the child’s file and then placed on an “allergy list” that is located in the rooms for everyone to see.

Mosquito bands are encouraged for the children to wear however this also needs to be authorised in writing by the parents.

All over the counter products should be kept in original packaging.

Families can request the Nominated Supervisor to review the accommodation of using a specific product and its procedure to be administered. All requests must occur in writing and with the prior approval of the Nominated Supervisor.

**Self-Administration of Medication (No children at Wattle Grove Long Day Care Service is allowed to self administer medication)**

Children who self-medicate must be over preschool age **(National Regulation 90(2))**. Parents must give permission to the service for the service to allow the child to self-medicate and this will be kept in the child’s folder.

#### Responsibilities of the Approved Provider

* Approved Providers must ensure that there is provision for first aid equipment in the workplace **(WHS Regulation 42)**.
* Approved Providers must ensure that each worker has access to the equipment **(WHS Regulation 42)**.
* Ensuring that every reasonable precaution is taken to protect children at the service from harm and hazards that are likely to cause injury.
* Ensuring 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. This can be the same person who has CPR, anaphylaxis management training and emergency asthma management training, which is also required under the Regulations **(National Regulation 136)**.
* Appointing a staff member to be the nominated first aid officer.
* 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 in accordance with the Safe Work NSW Code of Practice.
* 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 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.

#### Responsibilities of the Nominated Supervisor

* Ensuring that all required staff have attained an approved first aid qualification, including CPR, anaphylaxis management training and emergency asthma management training.
* Ensuring a portable first aid kit is taken on all excursions and other offsite activities.
* Reviewing the service’s first aid policy annually.
* Reviewing the service’s risk assessment every six months to identify hazards in the environment.
* Support staff when dealing with a serious incident and/or trauma.
* Provide and maintain an appropriate number of up-to-date, fully-equipped first aid kits that meet Australian Standards.
* Dispose of out-of-date materials and supplies appropriately.
* Delegating any duties related the Frist Aid policy to the Approved First Aid Officer of the service- WHS Officer (list of First aid officers are displayed on chemical cabinet outdoors and the pinboard in the staff room)
* WHS officer checks first aid kit every three months and ensures its fully stocked as per St. John and Kids safe.
* RPs ensure they report incidents/accidents/injuries to NS immediately or as soon as practicable if requiring medical follow ups.
* RPs to report all incidents/accidents/injuries as the part of their evening reporting duties on STAFF FACEBOOK.
* All children with medical conditions have their Medical Plan/Risk minimisation and other relevant documents uploaded on Kinderloop after gaining parental written consent.

#### Responsibilities of the Educators

* Implementing appropriate first aid procedures when necessary.
* Maintaining current approved first aid qualifications, and qualifications in CPR, anaphylaxis management and emergency asthma management, as required.
* Practicing CPR and administration of an auto-injection device at least annually. CPR should be done refreshed annually as part of the certification process.
* Ensuring that all children are adequately supervised while providing first aid and comfort is given to 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 on Kinderloop, informing parents immediately if requiring medical follow up and within 24 hours in writing otherwise.
* Report incidents/accident/trauma immediately to RP/NS and provide first aid/administer medication if requested by NS/RP. Staff administering medication must have a current First Aid Certificate.
* Notifying the Nominated Supervisor 3 months prior to the expiration of your first aid, asthma or anaphylaxis accredited training.
* Obtaining consent from a child to administer first aid when possible in recognition of their rights.
* Ensuring that volunteers and trainees are not responsible for administering first aid.

#### Responsibilities of the Families

* Providing the required information for the service’s medication record.
* Providing written consent (via the enrolment record) for service staff to administer first aid and call an ambulance, if required **(National Regulation 161(2)(a))**.
* 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.
* Paying for any costs associated with an ambulance call out (Callout fee $364 plus $3.29 per kilometre).

#### Definitions, Terms & Abbreviations

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| **Term**CPRAnaphylaxis | **Meaning**Cardiopulmonary Resuscitation Acute allergic reaction to an antigen |
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#### Related Statutory Obligations & Considerations

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| **Australian Children’s Education and Care Quality Authority (ACECQA)**  | www.acecqa.gov.au/First-aid-qualifications-and-training  |
| **Children and Young Persons (Care and Protection) Act No 157** | https://www.legislation.nsw.gov.au/#/view/act/1998/157 |
| **Children (Education and Care Services) National Law (NSW) No 104a** | https://www.legislation.nsw.gov.au/#/view/act/2010/104a/full |
| **Department of Education** | http://www.dec.nsw.gov.au/what-we-offer/regulation-and-accreditation/early-childhood-education-care |
| **Education and Care Services National Regulations** | http://www.legislation.nsw.gov.au/#/view/regulation/2011/653 |
| **National Quality Framework (NQF)** | http://acecqa.gov.au/national-quality-framework/ |
| **Occupational Health and Safety ACT** | http://www.legislation.nsw.gov.au/#/view/act/2011/10 |
| **Safe Work NSW Code of Practice** | http://www.safework.nsw.gov.au/\_\_data/assets/pdf\_file/0015/52152/First-aid-in-the-workplace-Code-of-practice-July-2015.pdf |
| **Work Health and Safety Regulations** | https://www.legislation.nsw.gov.au/#/view/regulation/2017/404/full |
| **Work Cover NSW** | http://www.workcover.nsw.gov.au/ |

#### Related Telephone Numbers

* Early Childhood Education and Care Directorate - 1800 619 113
* Poisons Information Centre - 131 126
* ACECQA - 1300 422 327
* Safe Work - 13 10 50
* Emergency Services - 000

#### Amendment History

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| **Version** | **Amendment** | **Date** |
| 002 | Additional Information AddedReformatting of InformationNQS & Regulations addedReviewed – Reviewed- RP duties/employees duties-reporting illness/trauma/incidentsWHS officer checks first aid kits every three months (KB, MA, ) | October 2019October 2020January 2022September 2022 Olivia Savanah, Kelly Hirst, Julia Koti  |

Sources;

https://www.acecqa.gov.au/sites/default/files/2021-08/AdministrationFirstAidGuidelines.pdf

• ACECQA – First aid qualifications and training acecqa.gov.au/qualifications/requirements/first-aid-

qualifications-training

• ACECQA – Guide to the National Quality Framework acecqa.gov.au/nqf/about/guide

• ACECQA – Reviewing your service’s first aid, asthma and anaphylaxis qualifications acecqa.gov.au/newsletters/acecqa-newsletter-issue-12-2014

• ASCIA – ASCIA action, first aid, management, travel and treatment plans and guides allergy.org.au/hp/ascia-plans-action-and-treatment

• Safe Work Australia – Model Code of Practice: First aid in the workplace safeworkaustralia.gov.

This policy will be updated to ensure compliance with all relevant legal requirements every year. Appropriate consultation of all stakeholders (including staff and families) will be conducted on a timely basis. In accordance with Regulation 172 of the *Education and Care Services National Regulation*, families of children enrolled will be notified at least 14 days and their input considered prior to any amendment of policies and procedures that have any impact on their children or family.

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| Date: | 7th September 2022 |
| Version: | 2020/04 |
| Last Amended By: | Julia Koti  |
| Next Review: | September 2023 |
| Position: | Approved Provider/Director |



#### Example of First Aid Contents

First aid requirements will vary from one workplace to the next, depending on the nature of the work, the type of hazards, the workplace size and location, as well as the number of people at the workplace. These factors must be taken into account when deciding what first aid arrangements need to be provided.

The Code provides information on using a risk management approach to tailor first aid that suits the circumstances of your workplace, while also providing guidance on the number of first aid kits, their contents and the number of trained first aiders that are appropriate for some types of workplaces. The risk management approach involves the following four steps (summarised in Appendix A of the Code):

• identifying hazards that could result in work-related injury or illness

• assessing the type, severity and likelihood of injuries and illness

• providing the appropriate first aid equipment, facilities and training

• reviewing your first aid requirements on a regular basis or as circumstances change

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| **Kit Contents** |
| **Item** | **Quantity** | **Check** |
| Instructions for providing first aid – including Cardio-Pulmonary Resuscitation (CPR) flow chart | 1 |  |
| Note book and pen | 1 |  |
| Resuscitation face mask or face shield | 1 |  |
| Disposable nitrile examination gloves | 5 Pairs |  |
| Gauze pieces 7.5 x 7.5 cm, sterile (3 per pack) | 5 Pairs |  |
| Saline (15 ml) | 8 |  |
| Wound cleaning wipe (single 1% Cetrimide BP) | 10 |  |
| Adhesive dressing strips – plastic or fabric (packet of 50) | 1 |  |
| Splinter probes (single use, disposable) | 10 |  |
| Tweezers/forceps | 1 |  |
| Antiseptic liquid/spray (50 ml) | 1 |  |
| Non-adherent wound dressing/pad 5 x 5 cm (small) | 6 |  |
| Non-adherent wound dressing/pad 7.5 x 10 cm (medium) | 3 |  |
| Non-adherent wound dressing/pad 10 x 10 cm (large) | 1 |  |
| Conforming cotton bandage, 5 cm width | 3 |  |
| Conforming cotton bandage, 7.5 cm width | 3 |  |
| Crepe bandage 10 cm (for serious bleeding and pressure application) | 1 |  |
| Scissors | 1 |  |
| Non-stretch, hypoallergenic adhesive tape – 2.5 cm wide roll | 1 |  |
| Safety pins (packet of 6) | 1 |  |
| BPC wound dressings No. 14, medium | 1 |  |
| BPC wound dressings No. 15, large | 1 |  |
| Dressing – Combine Pad 9 x 20 cm | 1 |  |
| Plastic bags - clip seal | 1 |  |
| Triangular bandage (calico or cotton minimum width 90 cm) | 2 |  |
| Emergency rescue blanket (for shock or hypothermia) | 1 |  |
| Eye pad (single use) | 4 |  |
| Access to 20 minutes of clean running water or (if this is not available) hydro gel (3.5 gm sachets) | 5 |  |
| Instant ice pack (e.g. for treatment of soft tissue injuries and some stings). | 1 |  |