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Custodian:	Executive Director Client Services

1. Purpose

This policy will provide guidelines for the administration of first aid at any Meli Kindergarten Services (MKS)

2. Values

MKS 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 always has the capacity to deliver current approved first aid

3. Scope

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers, educators, other staff, students, volunteers, parents/guardians, children and others attending the programs and activities of MKS, including during offsite excursions and activities.

4. 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 the 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* Requires an approved provider to have at least one educator with current approved first aid qualifications always in attendance and immediately available when 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.

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.

5. Definitions

The terms defined in this section relate specifically to this policy.

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

Current first aid qualifications: is 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: 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

First aid kit: *The Compliance Code: First aid in the workplace*, developed by WorkSafe Victoria, lists the minimum requirements for a first aid kit. *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/>.

6. Responsibilities

RESPONSIBILITIES	Approved provider (Meli) and persons with management control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators, and all other staff	Parents/guardians	Contractors, volunteers, and students
R indicates legislation requirement, and should not be deleted					
Ensure that every reasonable precaution is taken to protect children, staff and others from harm and hazards that are likely to cause injury (<i>National Law: Section 167</i>)	R	R	√		
Assess the first aid requirements for the service by conducting a first aid risk assessment	R	√		√	
Ensure the following qualified people are always in attendance when children are being educated and cared for by the service and immediately available in an emergency (<i>Regulation 136</i>): <ul style="list-style-type: none"> - at least one staff member or one nominated supervisor of the service who holds a current approved first aid qualification 	R	√			

<ul style="list-style-type: none"> - at least one staff member or one nominated supervisor of the service who has undertaken current approved anaphylaxis management training - at least one staff member or one nominated supervisor of the service who has undertaken current approved emergency asthma management training. 					
Ensure first aid requirements are met when transporting children, and must be met in each vehicle (<i>Regulation 136</i>)	R	√	√		
Ensure that prescribed educator-to-child ratios are always met	R	√	√		
In accordance with best practice and the <i>Occupational Health and Safety Act 2004</i> , appoint a staff member or nominated supervisor as the first aid officer.	R	√			
Advise parents/guardians 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	√	√	√	√	
Based on the size and layout of the service, provide and maintain an appropriate number of up-to-date, easily recognisable, readily accessible, suitably equipped first aid kits, with in-date products that meet Australian Standards (<i>Regulation 89</i>)	R	√		√	
Ensure procedures are implemented to ensure regular monitoring of first aid kits (<i>Regulations 89</i>)	R	√		√	
Ensure defibrillators are maintained and regularly tested and serviced, including cyclical replacement of pads and batteries as per manufacturer specifications	√	√		√	
Ensure 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 (<i>Regulations 100, 101, 102B, 102C</i>).	R	√	√		
Providing and maintaining a portable first aid kit for offsite excursions and other activities (<i>Regulation 89</i>)	R	√	√	√	
<ul style="list-style-type: none"> • Ensure that the <i>Ambulance Victoria AV How to Call Card</i> is visibly displayed near all telephones. 	√	√	√		
Ensure that first aid training details, and renewal dates are recorded on each staff member's record (<i>Regulation 146, 147</i>)	R	√			
Ensure safety signs showing the location of first aid kits are clearly displayed (<i>Regulation 89</i>)	R	√		√	
Ensure induction is delivered to all staff that includes information on the location of first aid kits and specific first aid requirements	R	√			
Ensure 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	R	√	√		
Notify DE within 24 hours of a serious incident occurring at the service	R	√			
Ensure staff are offered support and debriefing following a serious incident requiring the administration of first aid	√	√			
Ensure a resuscitation flow chart is displayed in prominent indoor and outdoor locations	√	√		√	
Keep abreast of changes in procedures for the administration of first aid and ensure that all staff are informed of these changes	√	√			
Implement appropriate first aid procedures when necessary		√	√	√	
Maintain approved first aid qualifications, and qualifications in anaphylaxis management and emergency asthma management		R	R	R	

Practice CPR and administration of an auto-injector at least annually		R	R	R	
Ensure all children are adequately supervised while providing first aid and comfort for a child involved in an incident or suffering trauma	R	√	√		
Ensure 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	R	√	√		
Ensure parents/guardians read and sign the Incident, Injury, Trauma and Illness Record		√	√		
Notify the nominated supervisor six months prior to the expiration of their first aid, asthma or anaphylaxis accredited training			√	√	
Ensure all out of date first aid kit contents are disposed of safely.	√	√	√	√	
Provide the required information on the service's medication record when a child requires administration of medication					R
Notify the service of any medical conditions or specific medical treatment required for their child, and, in consultation with staff, develop appropriate medical management plans and risk minimisation plans (e.g. asthma, anaphylaxis).					R
Provide any required medication for their child.					R
Provide written consent (via the enrolment record) for service staff to administer first aid and call an ambulance, if required					R
Be 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					√

7. Evaluation

To assess whether the values and purposes of the policy have been achieved, MKS 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
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes, unless a lesser period is necessary due to risk (*Regulation 172 (2)*)

8. Related Meli policies and procedures

- 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

9. Relevant 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

10. 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

11. Attachments

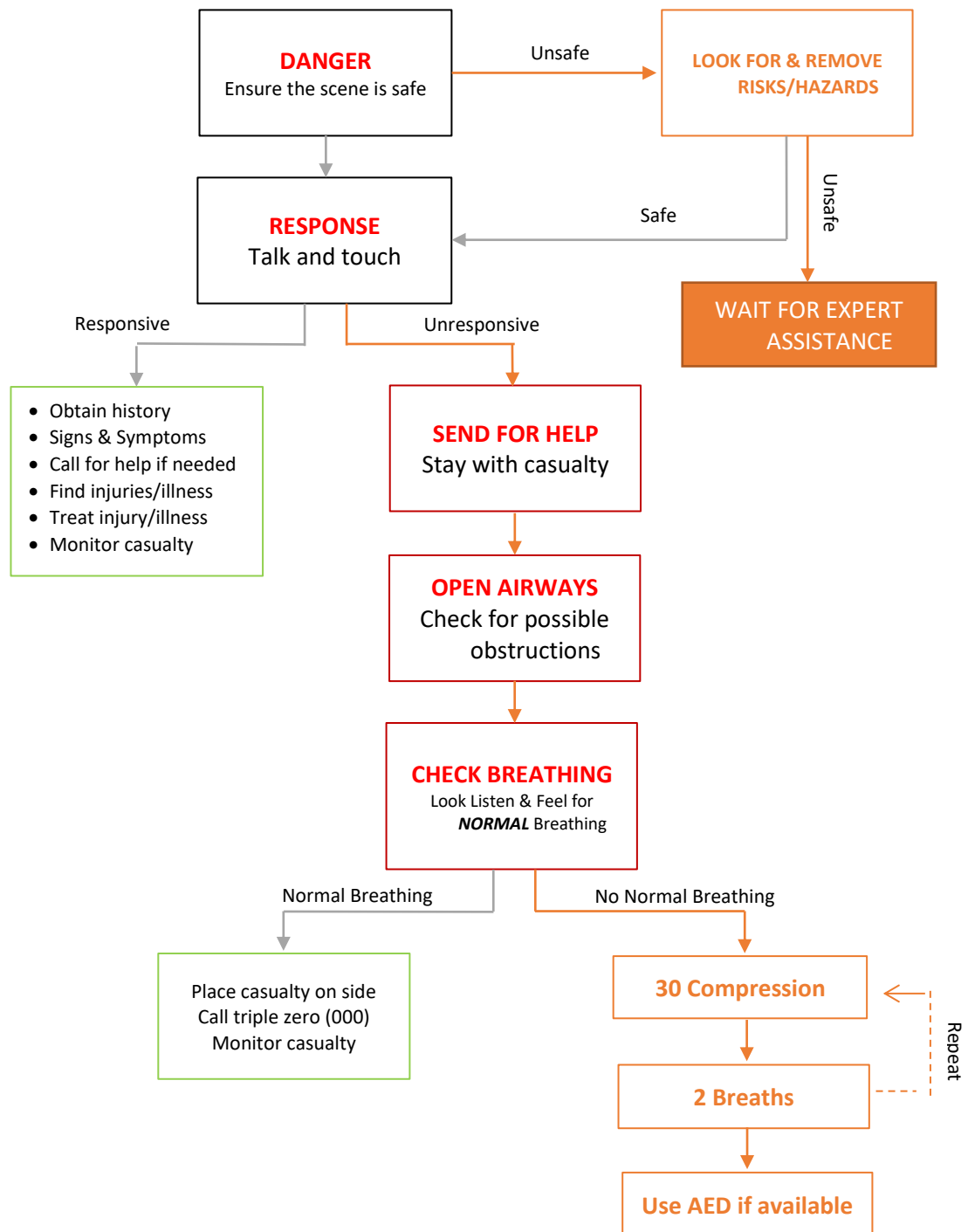
Attachment 1: Basic Life Support Flow Chart

Attachment 2: First Aid responder's role

Attachment 3: Minimum requirements for a first aid kit

Attachment 4: Sample first aid risk assessment form

ATTACHMENT 1: Basic Life support Flow Chart



- If unsure if breathing is normal treat as though it is not
- Only stop to recheck casualty if they start breathing **NORMALLY**
- If possible, change first aiders every 1 to 2 mins to reduce fatigue
- Send or go for help as soon as possible.

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 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 general use adrenaline injector should be given to the child immediately, and an ambulance called [remove if service does not supply emergency adrenaline injector as part of First Aid Kit].
- 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 DE 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.

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 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, dustproof and big enough to store the required contents
- be capable of being sealed and fitted with a carrying handle and 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
- have a white cross on a green background with the words 'First Aid' prominent 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.

Note: When determining how many First Aid Kits are 'appropriate', the service should consider the number of children in attendance as well as the proximity of rooms to each other and the distances from outdoor spaces to the nearest First Aid Kit.

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 aid kit for their workplace.

Suggested contents include, but are not limited to:

- basic first aid guide
- CRP chart
- disposable gloves
- resuscitation mask/face shield
- individually wrapped sterile adhesive dressings
- 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
- 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 first aid provided
- sterile saline solution
- plastic bags for disposal
- sharps container
- black permanent marker

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

Emergency Backpack

Suggested contents include, but not limited to:

- parent contact information including authorisations
- children and staff with additional/medical needs list including medication
- facility keys (including gates/padlock keys)
- portable non-perishable snacks (use by date checked)
- whistle
- copy of facility site plan and EMP including evacuation routes
- sunscreen and spare sunhats
- plastic garbage bags
- staff emergency contact information
- portable battery powered radio (batteries checked and charged)
- standard portable First Aid Kit.
- torch (batteries checked and/or charged)
- children's enrolment records
- bottled water (use by date checked)
- toiletry supplies
- traffic/emergency safety vest and tabards

Attachment 4: 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, ECTs and educators should use this as a guide only and may identify other areas specific to their service.

Assessment Criteria		Response / Comments				
1.	How many people work at the service (estimate average)?					
2.	How many children are enrolled at the service?					
3.	Do people regularly work in the service after hours?					
4.	Do people work on their own after hours, including on weekends?					
5.	Describe the nature of incidents, injuries or illnesses that have occurred in the service over the last 12 months					
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 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.	Identify and list specific hazards and where they may be located	Hazards			Location	
13.	Are there any specific hazards or health concerns that require specific first aid kits or treatment? 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?	
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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: _____