

# Administration of First Aid Procedure

Knox Early Years Service

## Purpose

The purpose of this procedure is to provide guidance to Knox City Council (KCC) educators, and staff in regards to administering first aid to children enrolled in KCC Early Years Services.

KCC Early Years Services are 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,
- Making sure that the service has the capacity to deliver current approved first aid as required.

## 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 KCC Early Years services where educators and 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 Regulations 2017* state that an Approved Provider must ensure that at least one educator or one nominated supervisor of the service 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](http://www.acecqa.gov.au/qualifications/approved-first-aid-qualifications). As a demonstration of duty of care and best practice Knox City Council 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 (refer to sources) that provide guidance on how these obligations can be met.

## Procedure

### The Approved Provider is responsible for:

- Take reasonable precaution to protect children at the service from harm and hazards that are likely to cause injury (Section 167)
- Providing 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. (Regulation 136 (1)(a)). This can be the same person who has anaphylaxis and asthma management training as required under the Regulations. As a demonstration of duty of care and best practice, Knox City Council recommends all educators have current approved first aid qualifications.

- Providing an Emergency Support Team to KCC Early Years Services who have commenced an emergency response. The Emergency Support Team provide back up support to the staff at the facility. (Please refer to *Emergency Management Policy and Procedure*).

### The Nominated Supervisor is responsible for:

- Keeping a record of the skills and competencies of trained first aiders. Refresher first aid and CPR training will be scheduled and records maintained in a staff register.
- Providing access to first aid guides and publications at all times to assist educators in their understanding and administration of first aid.
- Educators and staff having ongoing discussion, and review emergency procedures throughout the year.
- Providing an appropriate number of first aid kits kept and available at the service, having regard to the number of children being educated and cared for by the service.

### In relation to administering First Aid: Educators and Staff will:

- Maintain current approved first aid qualifications, and qualifications in anaphylaxis management and emergency asthma management, as per relevant award and/or legislation.
- Practise the administration of the adrenaline auto injector device each term as per relevant award and/or legislation.
- Use the knowledge and skills gained during first aid Training to assess any emergency and act accordingly.
- Administer any necessary first aid and/or if judged necessary, call an ambulance.
- Contact Family & Children's Services **emergency phone 0418 208 290** as soon as the emergency or incident has been dealt with to report the incident and to gain any necessary support for the staff at the facility. (Please refer to *Emergency Management Policy and Procedure*).
- Complete all details of any incident requiring the administration of first aid are recorded on the *Incident, Injury, Trauma and Illness Record* (refer to Definitions).
- Be particularly aware of the fact that a knock or blow to the head of a child may develop into a serious injury/trauma. If it has been seen or reported that a child has received a knock or blow to the head, educators or staff will contact the parent immediately for their instructions. If the child remains at the centre, staff will continue to monitor the child and make further contact with the parent as deemed necessary.
- Notify the parent as soon as practicable (within 24 hours) of any serious medical emergency or accident concerning a child and determine the course of action from there. E.g. meet ambulance, parent collects child.
- Arrange for one educator/staff member to remain with the child/person of concern whilst ensuring the safety and supervision of other children. If more than one child needs first aid educators/staff will manage the injured children along with other children to the best of their ability and will call for help as soon as practicable. Some situations are better managed by gathering children indoors.
- Whenever possible, an educator/staff member will accompany the child in the ambulance if ratios permit.
- Collect the child's enrolment form, so that information can be provided if the child is to be transported to hospital.
- Contact KCC Team Leaders as soon as the emergency or accident has been dealt with and concluded (as soon as practicable, within 24 hours). This includes any accident, injury, trauma and/or illness involving a child while being cared for or educated by the service which requires urgent medical attention from a registered medical practitioner or the child attended or ought reasonably to have attended a hospital e.g. broken limb or severe asthma attack.

- In the event of a serious incident, (see definitions) the Approved Provider or Nominated Supervisor will submit a serious incident notification to the Department of Education and Training (DET) within 24 hours (*Regulation 12*). Whenever possible the documentation will be completed by the staff person who witnessed the incident.

**Please Note:** If an educator or staff member, become aware that a family has sought urgent medical attention from a registered medical practitioner, or the child attended or ought reasonably to have attended a hospital for their child following an incident at a service, the Approved Provider or Nominated Supervisor must submit a Serious Incident Notification **within 24 hours** to the Department of Education and Training.

In accordance with the *Education and Care Services National Regulations (Regulation 161)*, the service has sought authorisations from the parent or person named in the enrolment form as authorised to consent to medical treatment of the child, for the approved provider, a nominated supervisor or an educator to seek:

- (i) Medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and
- (ii) Transportation of the child by an ambulance service.

### In relation to first aid, an emergency medical situation or accident, parents will:

- Make arrangements for a child to be collected from the service as soon as possible at the request of staff.
- Provide staff with further information in any situation where a child has attended hospital or doctor (GP) or has later had cause to attend a hospital or doctor's surgery after attending the service, and
- Keep staff informed about their child's health and well-being generally.

**Playgroups Only:** All playgroup members should know the location of the first aid Kits and the Accidents, Injuries and Incidents Book. A list of contents on the front of the Kit, including any "use by dates" of contents helps to keep this restocked and up to date. Playgroup Committees are responsible for ensuring first aid kit contents are kept up to date and checked each term.

- Whenever possible, parents only should administer first aid to their own children.

*(Please refer to Early Years Integrated Committee Guidebook)*

### First Aid Education

- As a demonstration of duty of care and best practice, all KCC educators and Maternal Child Health Nurses will hold an approved first aid qualification and this qualification will be renewed as required by the relevant award and/or legislation. Asthma and Anaphylaxis training is also a requirement of the Education and Care Services National Regulations 2017. Cardiopulmonary Resuscitation (CPR) training is updated yearly. Adrenaline auto-injector devices will be practiced each term as per relevant award and/or legislation.
- A list of educators and staff with approved first aid qualifications and anaphylaxis management and emergency asthma management training will be available at the service. Details of this training will also be included on the staff record. If staff member has been trained in the management of Type 1 Diabetes, this will also be included.
- All KCC Early Years Casual staff are responsible for their own training and updates.
- All Educators 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.
- If a service has a child enrolled, who is diagnosed with Type 1 Diabetes a minimum of two Educators will be trained in Diabetes Management. *For more information, refer to the Diabetes Management Procedure.*

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## First Aid Supplies

- First aid kit contents list can be found in [Appendix One](#).
- First aid kits will be easily recognisable by green and white cross signage and educators and staff will be informed of first aid kit locations upon induction.
- First aid kits will be adequately stocked and a list of contents will be included with the kit.
- Educators and staff will monitor the contents of the first aid kits for suitability, adequacy of stock, expiry dates and other relevant information.
- A first aid kit will always be taken on excursions (and evacuations) outside of the service. Please refer to the *Excursion and Incursion Procedure*.

## Supporting Children and Families after Traumatic Event

Emergency situations can be traumatic for all children, families and staff.

DET and the Victorian Government provide resources for staff and families which may be of benefit after an emergency or traumatic event. These include:

- 'Here For Each Other – helping families after an emergency' by DET  
<http://www.education.vic.gov.au/Documents/school/principals/community/eachother.pdf>
- 'Child Development and Trauma Guide' by the Victorian Government (DHHS)

<https://www.secasa.com.au/assets/Documents/child-development-and-trauma-guide-introduction.pdf>

Educators, staff and management will do their best to ensure children, families and those affected by an emergency or traumatic event are provided with appropriate resources to aid their recovery.

## Definitions

<b>Approved Provider:</b>	Someone with management or control that will operate the education and care service; this can be an individual, an organisation or a company.
<b>Approved first aid qualification:</b>	A list of approved first aid qualifications, anaphylaxis management and emergency asthma management training is published on the ACECQA website: <a href="http://www.acecqa.gov.au">www.acecqa.gov.au</a>
<b>Duty of Care:</b>	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.
<b>Early Years Service:</b>	Refers to Long Day Care, Occasional Care, Preschool and Child Family Health and Wellbeing services unless otherwise specified.
<b>Educator:</b>	These are staff employed to care for and educate children enrolled in the Early Years' Service. This may include but is not limited to an Approved Provider, Responsible Person, Nominated Supervisor Person In Day-to-Day Charge and Educational Leader.
<b>First Aid</b>	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.
<b>First Aid Kit:</b>	The Compliance Code <i>first aid in the Workplace</i> , developed by WorkSafe Victoria, lists the minimum requirements for a first aid kit. <i>First aid in the Workplace</i> is available at: <a href="http://www.worksafe.vic.gov.au">www.worksafe.vic.gov.au</a>
<b>Incident, Injury, Trauma and Illness Record:</b>	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 practicable but not later than 24 hours after the occurrence.
<b>Medication Record:</b>	Contains details for each child to whom medication is to be administered by the service.
<b>Responsible Person:</b>	Must be present at all times at a centre based service who is educating and caring for children. A responsible person can be one of the following (section 162): <ul style="list-style-type: none"> <li>• The approved provider or a person with management or control</li> <li>• The nominated supervisor of the service</li> <li>• A person who has been placed in day-to-day charge of the service.</li> </ul>
<b>Parent:</b>	The term 'parent includes a child's legal guardian. It does not include a parent who is prohibited by a court order from having contact with the child.
<b>Serious Incident / Urgent Medical Attention:</b>	<ul style="list-style-type: none"> <li>• The death of a child while being educated and cared for by the service, or following an incident which being cared for by the service.</li> <li>• Any incident involving serious injury or trauma to, or illness of, a child while being educated and cared for by an education and care service which a reasonable person would consider required urgent medical attention from a registered medical practitioner. <b>(e.g. amputation, anaphylactic reaction requiring hospitalisation, broken bone/fractures, bronchiolitis, diarrhoea requiring hospitalisation, meningococcal infection, asthma requiring hospitalisation, burns, epileptic seizures, head injuries, measles, sexual assault witnessing violence or a frightening event);</b> or for which the child attended, or ought reasonably to have attended a hospital.</li> <li>• A child was missing from the service or was not able to be accounted for.</li> <li>• A child was taken or removed from the service in a manner that contravenes the National Regulations.</li> <li>• A child was mistakenly locked in or locked out of the service premises or any part of the premises.</li> <li>• Any emergency for which emergency services attended. <b>NOTE:</b> it does not mean an incident where emergency services attended as a precaution.</li> </ul>

<b>Staff:</b>	Refers to staff inclusive of but not limited to, Maternal Child Health Nurses, Mental Health Nurses, Parenting Support Workers, Maternal Child Health Students, Supported Playgroup Facilitators, Early Years Consultants, Cooks, and Program Support Officers.
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## Legislation and Standards

ACECQA 3 – Guide to the National Quality Standard Assessment and Rating Process 2018  
 Child Wellbeing and Safety Act 2005 (Vic) (Part 2: Principles for Children)  
 Education and Care Services National Act 2010: Sections 167, 169  
 Education and Care Services National Regulations 2011: Regulations 87, 89, 136, 137, 168, 245  
 Occupational Health and Safety Act 2004

## References and Sources

Ambulance Victoria: [www.ambulance.vic.gov.au](http://www.ambulance.vic.gov.au)  
 Australian Child and Adolescent Trauma Loss and Grief Network  
 Australian Red Cross: [www.redcross.org.au](http://www.redcross.org.au)  
 Early Years Integrated Committee Guidebook 2018  
 First Aid Policy (sample) Early Learning Association Australia (version 2)  
 First aid in the Workplace: [www.worksafe.vic.gov.au](http://www.worksafe.vic.gov.au)  
 ‘Notification of Serious Incident’ Australian Children’s Education and Care Quality Authority  
 St John Ambulance Australia (Vic): [www.stjohnvic.com.au](http://www.stjohnvic.com.au) The University of Melbourne, *Australian Centre for Posttraumatic Mental Health*: retrieved February 2018 [http://earlytraumagrieff.anu.edu.au/files/ACPMH-trauma\\_and\\_children.pdf](http://earlytraumagrieff.anu.edu.au/files/ACPMH-trauma_and_children.pdf)  
 WorkSafe Victoria. (2008). First Aid Kit Contents: First aid in the workplace (pp 8). Retrieved from [https://www.worksafe.vic.gov.au/\\_data/assets/pdf\\_file/0006/207870/ISBN-First-aid-in-the-workplace-compliance-code-2008-09.pdf](https://www.worksafe.vic.gov.au/_data/assets/pdf_file/0006/207870/ISBN-First-aid-in-the-workplace-compliance-code-2008-09.pdf)

## Related Policy and Procedure

All Team Leaders, educators and staff working for KCC Early Years Services are required to read and understand all KCC Early Years Policies and Procedures.  
 We strongly recommend all families enrolling in KCC Early Years Services read the KCC Early Years Policies and Procedures.

- Administration of Medication Procedure
- Anaphylaxis Management Procedure
- Asthma Management Procedure
- Dealing with Infectious Diseases Procedure
- Diabetes Management Procedure
- Emergency and Evacuation Procedure
- Excursion and Incursion Procedure
- Incident, Injury, Trauma and Illness Procedure
- Staffing Arrangements
- Supervision of Children Procedure

## Appendix One – First Aid Contents List


1

Item	Kit Contents
	Quantity
Note book and pen	1
Emergency Services Telephone Number and Address	
Basic First Aid Notes & Resuscitation Chart	1
Disposable Gloves	4 pairs
Sterile Eye Pads	2
Scissors	1
Resuscitation Pocket Mask – Face Shield	1
Small Safety Pins (packet of 6)	1
Tweezers	1
Blanket for keeping children warm	1
Band-aids/Individually wrapped sterile adhesive dressing strips (packet of 50)	1
Elastoplast, 25-30mm wide	1
Crepe Bandage 50mm & 75mm	1 each
Triangular Bandage for use as a sling	1
Saline (15ml)	8
Wound cleaning wipes (single 1% Cetrimide BP)	10
Non-adherent wound dressing/pad 5 x 5cm (small)	3
Non-adherent wound dressing/pad 7.5 x 10cm (medium)	2
Non-adherent wound dressing/pad 10 x 10cm (large)	1
Sterile Gauze 7.5 x 7.5 cm (3 pack)	1
Crepe bandage 10 cm (for serious bleeding and pressure application)	1
Ice Pack	1

<sup>1</sup> [https://www.worksafe.vic.gov.au/\\_data/assets/pdf\\_file/0006/207870/ISBN-First-aid-in-the-workplace-compliance-code-2008-09.pdf](https://www.worksafe.vic.gov.au/_data/assets/pdf_file/0006/207870/ISBN-First-aid-in-the-workplace-compliance-code-2008-09.pdf)


Appendix Two – First Aid Basic Life Support Flow Chart

2



## DRSABCD Action Plan

In an emergency call **triple zero (000)**

<b>D</b>	DANGER	↓			
Ensure the area is safe for yourself, others and the casualty		↓			
<b>R</b>	RESPONSE	↓			
Check for response—ask name—squeeze shoulders		↓			
<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;">No response → Send for help</td> <td style="border: none; width: 50%;">Response → Make comfortable, monitor response and check for injuries</td> </tr> </table>		No response → Send for help		Response → Make comfortable, monitor response and check for injuries	↓
No response → Send for help	Response → Make comfortable, monitor response and check for injuries				
<b>S</b>	SEND	↓			
Call triple zero (000) for an ambulance or ask another person to make the call		↓			
<b>A</b>	AIRWAY	↓			
Open mouth – check for foreign material		↓			
<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;">No foreign material → Leave on back. Open airway by tilting head with chin lift.</td> <td style="border: none; width: 50%;">Foreign material in mouth → Place casualty in recovery position, mouth slightly downward clear airway with fingers</td> </tr> </table>		No foreign material → Leave on back. Open airway by tilting head with chin lift.	Foreign material in mouth → Place casualty in recovery position, mouth slightly downward clear airway with fingers	↓	
No foreign material → Leave on back. Open airway by tilting head with chin lift.	Foreign material in mouth → Place casualty in recovery position, mouth slightly downward clear airway with fingers				
<b>B</b>	BREATHING	↓			
Check for breathing—Look and feel for chest movement, listen for air escaping from mouth and nose (an occasional gasp is not adequate for normal breathing)		↓			
<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;">Not breathing normally and no response → place on back and commence CPR.</td> <td style="border: none; width: 50%;">Normal breathing → Place in recovery position, monitor breathing and responsiveness.</td> </tr> </table>		Not breathing normally and no response → place on back and commence CPR.	Normal breathing → Place in recovery position, monitor breathing and responsiveness.	↓	
Not breathing normally and no response → place on back and commence CPR.	Normal breathing → Place in recovery position, monitor breathing and responsiveness.				
<b>C</b>	CPR	↓			
Start CPR <b>30 compressions, 2 breaths</b>		↓			
<ul style="list-style-type: none"> <li>→ Place heel of hand on the lower half of breastbone in centre of chest with other hand on top of first.</li> <li>→ Press down 1/3 of depth of chest and give 30 compressions.</li> <li>→ Open casualty's airway (head tilt with chin lift)</li> <li>→ Pinch soft part of the nose to seal.</li> <li>→ Blow steadily into mouth for up to 1 second, watch for chest to rise and fall. Take another breath and repeat.</li> <li>→ Aim for approximately 100 compressions per minute. Continue CPR (30:2) until ambulance arrives or casualty recovers.</li> </ul>		↓			
<b>D</b>	DEFIBRILLATION	↓			
Apply defibrillator as soon as possible (if available) and follow voice prompts		↓			

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<sup>2</sup> [www.stjohnambulance.com.au/docs/posters/ehs\\_drsabcd\\_a3.pdf](http://www.stjohnambulance.com.au/docs/posters/ehs_drsabcd_a3.pdf)