

## Early Learning

# Administration of First Aid Policy

### Policy Statement

Uniting Early Learning 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.

### Executive Summary

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.

Ensuring prescribed educator-to-child ratios and active and adequate supervision is met at all times is an important aspect of protecting children at the service from harm and hazards that are likely to cause injury. It is also essential that the service keeps up to date with any changes in procedures for administration of first aid, ensuring that all educators are informed of these changes.

As a demonstration of duty of care and best practice, Uniting will encourage all Early Learning educators to have an approved and current first aid qualification; anaphylaxis and emergency asthma management training. To meet legislative requirements, an educator is to be appointed as the nominated first aid officer where there are 10 or more employees. Family Day Care educators and Outside School Hours educators when operating a single educator model program, are required to have current first aid qualification; anaphylaxis and emergency asthma management training.

An induction process for all new staff, casual and relief staff must be in place that includes providing information on the location of first aid kits and specific first aid requirements.

Reporting procedures set out in the *Incident, Injury, Trauma and Illness policy* should be followed in the event that a child is ill, is involved in a medical emergency, or an incident at the service that results in injury or trauma.

### Current Environmental Context

The industry standard is that first aid qualifications, anaphylaxis management training and emergency asthma management training should be renewed every three years and refresher training in CPR should be undertaken annually.

The Safe Work Australia First Aid in the Workplace Code of Practice recommends that persons required to maintain first aid qualifications should attend training on a regular basis to refresh their first aid knowledge and skills, and to confirm their competence to provide first aid.

From 1 October 2023, changes to the National Regulations will prescribe currency periods for first aid qualifications.

The following qualifications are taken to be current if the qualification was attained or the training was undertaken within the previous three years:

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- Approved first aid qualifications (except in the case of emergency life support training and cardio-pulmonary resuscitation training, which must be completed within the previous year to be taken as current)
- Approved anaphylaxis management training
- Approved emergency asthma management training

The certificate should state the date when the person completed the course, as well as the expiry date or validity period of the qualification from the date of completion. The certificate may include multiple qualifications; however, currency periods are relevant for each individual qualification.

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 and WorkSafe Tasmania have developed a compliance code First aid in the workplace that provides guidance on how these obligations can be met.

An appropriate number of first aid kits that meet Australian Standards (refer to *Attachment 19b*) should be easily recognisable and readily accessible to adults. Kits should be checked regularly throughout the year to ensure they are fully stocked, and no products have expired (refer to and complete form 19.1). Safety signs showing the location of first aid kits should be clearly displayed, as well as a clearly displayed resuscitation flow chart. First aid kits should also be taken when leaving the service premises for excursions, regular outings or emergency evacuations.

**Attachment 19a:** Responsibilities relating to the Administration of First Aid Policy

**Attachment 19b:** Employee Assistance Program (EAP) Contact Details

**Form 19.1:** First Aid Kit Checklist

**Form 19.2:** First Aid Risk Assessment

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## Reference/Sources

### This policy should be read in conjunction with:

Uniting Child Safety Policy – Uniting adopts the Uniting Church Australia National Child Safety Policy Framework, 2019 and the principles of this Policy Framework.

Administration of Medication Policy	Anaphylaxis Appendix
Asthma Appendix	Hygiene and Infectious Diseases Policy
Dealing with Medical Conditions Policy	Diabetes Appendix
Emergency and Evacuation Policy	Epilepsy Appendix
Excursions, Regular Outings and Service Events Policy	Incident, Injury, Trauma and Illness Policy
Staffing Policy	Supervision of Children Policy
Child safe environment and wellbeing	Occupation Health and Safety
Road Safety and Safe Transport	

- [Ambulance Victoria](#)
- [Ambulance Tasmania - DHHS](#)
- [Australian Red Cross](#)
- [Better Health Channel](#)
- Children's Services Act 2019
- Children's Services Regulations 2020:
- 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
- [First aid in the workplace](#)
- [First aid in the workplace](#)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
- [St John Ambulance Australia \(Vic/Tas\)](#)
- Tasmanian Licensing Standards for Centre Based Child Care, Class 5 (0-1years) October 2014, s2.4.
- Children's Services amendment Act 2019
- Children's Services Regulations 2020
- Child Wellbeing and Safety Act 2005 (Vic) (Part 2: Principles for Children)
- Occupational Health and Safety Act 2004

## Authorisation

This policy was adopted by Uniting Early Learning on: 23/10/ 2023

## Review

This policy is to be reviewed by: 5/4/2025

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## Attachment 19a: Responsibilities relating to the Administration of First Aid Policy

### Approved Provider

- Ensure that every reasonable precaution is taken to protect children at the service from harm and hazards that are likely to cause injury.
- Assess the first aid requirements for the service (refer to *Form 19.1*).
- Endeavour to ensure all educators on the premises have current approved first aid qualifications, anaphylaxis and emergency asthma management training.
- Appoint an educator to be the nominated first aid officer (legislative requirement where there are 10 or more employees, but best practice regardless of number of employees).
- Provide and maintain an appropriate number of up-to-date, fully equipped (refer to *Attachment 19b*) first aid kits that meet Australian Standards. The appropriate number of kits depends on the number of children in the service, the number of rooms and their proximity to each other, and distances from outdoor spaces.
- Ensure a risk assessment is conducted prior to an excursion to identify risks to health, safety, or wellbeing and specify how these risks will be managed and minimised (Refer to *Form 3.1 Excursion plan and risk assessment form*).
- Provide and maintain a portable first aid kit and ensure it is taken offsite for excursions and other activities.
- Ensure safety signs showing the location of first aid kits are clearly displayed.
- Ensure signs and posters are prominently displayed at the service, reminding the service community of the measures that are necessary to stop the spread of COVID-19. including, how to wash your hands and the physical distancing requirements.
- Ensure a resuscitation flow chart is displayed in a prominent position in the indoor and outdoor environments of the service, for easy reference for all educators.
- Implement 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.
- Ensure that staff are offered support and debriefing following a serious incident (refer to *Glossary*) requiring the administration of first aid. Refer to the Employee Assistance Program (EAP) if required (refer to Attachment 19c)

### Responsible Person

- Ensure that the prescribed educator-to-child ratios are met at all times.
- Follow appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill or is involved in a medical emergency or an incident at the service that results in injury or trauma.
- Ensure adequate and appropriate PPE, hand sanitiser, thermometers, cleaning products and guidelines are available that meet changing health risks in the community
- Ensure that first aid training details are recorded on each staff member's record and demonstrate currency.
- Ensure details and practice dates of CPR and auto-injector are documented and recorded on staff record.
- Keep up to date with any changes in procedures for administration of first aid and responses to pandemics. Ensure that all educators are informed of these changes.

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- Advise 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.
- Provide and maintaining an appropriate number of up-to-date, easily recognisable, readily accessible, suitably equipped first aid kits, with in-date products that meet Australian Standards. 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.
- Audit First Aid kits on an annual basis.
- Provide and maintain a portable first aid kit that can be taken offsite for excursions and other activities.
- Ensure all out of date first aid kit contents are disposed of safely. The safest way to dispose of unused/out of date medicines is through the Return Unwanted Medicines (RUM) scheme which is run by a government funded organisation called The National Return & Disposal of Unwanted Medicines Limited: <https://returnmed.com.au/>
- Ensure that all educators approved first aid qualifications, anaphylaxis management training and emergency asthma management training are current and approved.
- Ensure safety signs showing the location of first aid kits are clearly displayed.
- Ensure signs and posters are prominently displayed at the service, reminding the service community of the measures that are necessary to stop the spread of COVID-19. including, how to wash your hands and the physical distancing requirements.
- Ensure a resuscitation flow chart is displayed in a prominent position in the indoor and outdoor environments of the service, for easy reference for all educators.
- Implement 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.
- Ensure that all children are adequately supervised (refer to the *Supervision of Children Policy*) while providing first aid and provide comfort for a child involved in an incident or suffering trauma.
- Ensure that the details of any incident requiring the administration of first aid are recorded on the *Incident, Injury, Trauma and Illness Record or RiskMan* within 12 hours.
- Ensure parents are informed of any first aid administered to a child.
- Ensure the Approved Provider is notified of any serious incident or medical emergency that requires first aid within 12 hours for reporting process.
- Notify the Approved Provider prior to the expiration of educator's first aid, asthma or anaphylaxis accredited training.

## Educator

- Maintain current approved first aid qualifications, and qualifications in anaphylaxis management and emergency asthma management as required.
- Implement appropriate first aid procedures when necessary.
- Ensure parents are informed of any first aid administered to a child.
- Practice CPR and administration of an auto-injector at least annually.
- Ensure that all children are adequately supervised (refer to the *Supervision of Children Policy*) while providing first aid and provide comfort for a child involved in an incident or suffering trauma.
- Ensure that the details of any incident requiring the administration of first aid are recorded on the *Incident, Injury, Trauma and Illness Record or RiskMan* within 24 hours
- Ensure the Approved Provider is notified of any serious incident or medical emergency that requires first aid within 24 hours for reporting process.

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- Monitor the contents of all first aid kits and arrange with the Approved Provider for replacement of stock, including when the use-by date has been reached.
- Dispose of out-of-date materials appropriately.

## Parent

- Provide the required information for the service's medication record.
- Provide consent (via the enrolment record) for service staff to administer first aid and to call an ambulance, if required.
- 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.

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

## Attachment 19b - Employee Assistance Program (EAP) Contact Details

### Support for our people – New Employee Assistance Program provider

Uniting now has a new Employee Assistance Program (EAP) provider, Converge International. EAP is a free service offered to all Uniting employees and their families which provides up to three sessions with an EAP counsellor. The counsellor will provide counselling or coaching support for work or personal issues.

For more information on how to access the EAP service and what is involved in this strictly confidential service, please contact *Converge International* on 1300 687 327.

## Attachment 19c - 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.

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- 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 EpiPen 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 (*refer to Definitions*) occurring at the service
- In the case of a serious accident/injury of an adult, as far as practicable, the scene of the 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.

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