



J.S. GREY KINDERGARTEN ASSOCIATION, INC.

ADMINISTRATION OF FIRST AID POLICY

Mandatory – Quality Area 2

PURPOSE

This policy will provide guidelines for the administration of first aid at J.S Grey Kindergarten.

POLICY STATEMENT

VALUES

J.S Grey Kindergarten 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.

SCOPE

This policy applies to the Approved Provider or Persons with Management or Control, Persons in Day to Day Charge, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of J.S Grey Kindergarten, including during offsite excursions and activities.

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/requirements/first-aid-qualifications/training. 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* (refer to *Sources*) that provides guidance on how these obligations can be met.

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
- *Occupational Health and Safety Act 2004*

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

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/requirements/first-aid-qualifications-training

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: <https://resus.org.au/guidelines/flowcharts-3/>

Serious incident: A serious incident is defined in Regulation 12 as:

- the death of a child while being educated and cared for by the service
- any incident involving an injury or trauma, the illness of a child that requires or ought to have required:
 - attention of a registered medical practitioner, or
 - attendance at a hospital

examples include whooping cough, broken limb, anaphylaxis reaction

- any incident requiring attendance by emergency services
- a circumstance where a child appears to be missing, is unaccounted for, has been removed from the service contrary to the Regulations, or has been locked in or out of the service premises.

The Approved Provider must notify the Regulatory Authority (DET) in writing within 24 hours of a serious incident occurring at the service (Regulation 176(2) (a)). The Notification of a Serious Incident Form (available on the ACECQA website) is to be completed and submitted online using the National Quality Agenda IT System (NQA ITS). Records are required to be retained for the periods specified in Regulation 183.

SOURCES AND RELATED POLICIES

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

Service policies

- *Administration of Medication Policy*
- *Anaphylaxis Policy*
- *Asthma Policy*
- *Dealing with Infectious Diseases Policy*

- *Dealing with Medical Conditions Policy*
- *Diabetes Policy*
- *Emergency and Evacuation Policy*
- *Epilepsy Policy*
- *Excursions and Service Events Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Staffing Policy*

PROCEDURES

The Approved Provider and Persons with Management or Control 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
- 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*)
- ensuring a resuscitation flow chart (refer to *Definitions*) 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.

The Nominated Supervisor and Persons in Day to Day Charge 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)
- ensuring that the prescribed educator-to-child ratios are met at all times (refer to *Supervision of Children Policy*)
- ensuring that 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 (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 Service Events Policy*)
- ensuring that the Ambulance Victoria *AV How to Call Card* (refer to *Sources*) is displayed near all telephones.

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 Service Events Policy*)
- keeping up to date with any changes in the procedures for the administration of first aid.

Educators and other staff 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-injector 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*) or via the minor incident sheets stored in books according to each group.
- 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).

Parents/guardians are responsible for:

- providing the required information for the service's medication record (refer to *Definitions*)
- 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.

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

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider 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
- Attachment 2: Resuscitation flow chart

AUTHORISATION

This policy was adopted by the Approved Provider of J.S Grey Kindergarten on: 4th April 2022

REVIEW DATE: 23/03/2022

NEXT REVIEW DATE: 23/03/2023

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 style="width: 50%;">Hazards</th> <th style="width: 50%;">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	Cleaning products			Storeroom	
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?					

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

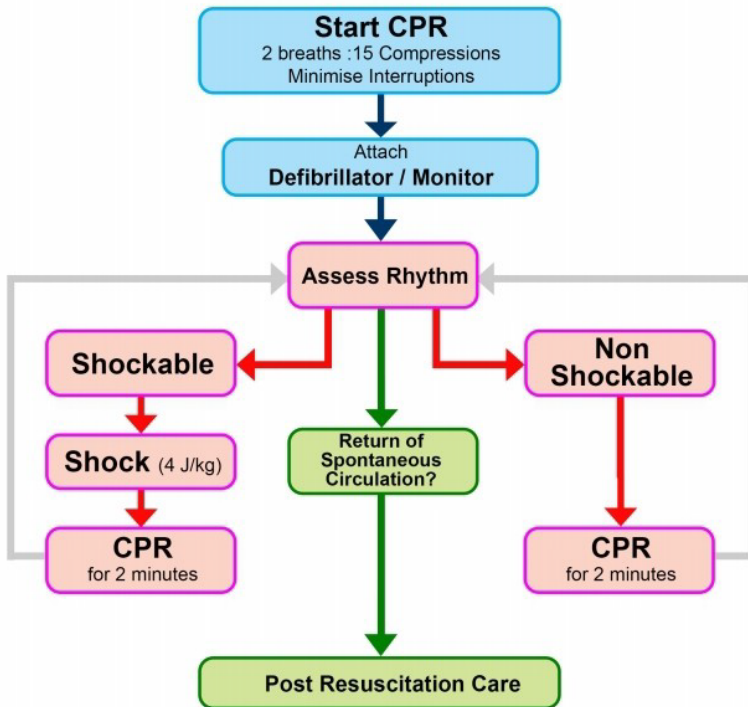
Name: _____ Signed: _____ Date: _____

Name: _____ Signed: _____ Date: _____

Date for next review: _____

ATTACHMENT 2
Resuscitation Flow Chart

Advanced Life Support for Infants and Children



During CPR

Airway adjuncts (LMA / ETT)
 Oxygen
 Waveform capnography
 IV / IO access
 Plan actions before interrupting compressions
 (e.g. charge manual defibrillator to 4 J/kg)

Drugs

Shockable

* Adrenaline 10 mcg/kg after 2nd shock
 (then every 2nd loop)
 * Amiodarone 5mg/kg after 3 shocks

Non Shockable

* Adrenaline 10 mcg/kg immediately
 (then every 2nd loop)

Consider and Correct

Hypoxia
 Hypovolaemia
 Hyper / hypokalaemia / metabolic disorders
 Hypothermia / hyperthermia
 Tension pneumothorax
 Tamponade
 Toxins
 Thrombosis (pulmonary / coronary)

Post Resuscitation Care

Re-evaluate ABCDE
 12 lead ECG
 Treat precipitating causes
 Re-evaluate oxygenation and ventilation
 Targeted Temperature Management



January 2016



NEW ZEALAND
Resuscitation Council
 WHAKAHAUORA AOTEAROA