

FIRST AID ADMINISTRATION

PURPOSE

First aid can save lives and prevent minor injuries or illnesses from becoming major. The ability to provide prompt basic first aid is particularly important in the context of a Family Day Care Service where Educators have a duty of care and obligation to assist children who are injured, become ill, or require support with administration of medication.

Our Family Day Care Service has a duty of care to provide and protect the health and safety of children, families, educators, and visitors of the Service. As educators primarily work alone in their approved residence whilst providing care for children, this policy aims to support educators to:

- Preserve life
- Ensure the environment is safe and other people are not in danger of becoming ill or injured
- Ensure that ill or injured persons are stabilised and comforted until medical assistance intervenes
- Relieve pain, if possible
- Monitor ill or injured persons and promote recovery
- Provide immediate and effective first aid to children or adults
- Ensure processes are in place to provide supervision for other children in care whilst first aid is administered

SCOPE

This policy applies to the approved provider, coordinators, staff, educators, educator assistants, families and visitors of Clarence Family Day Care.

IMPLEMENTATION

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. It includes emergency treatment, maintenance of records, dressing of minor injuries, recognition and reporting of health hazards, and participation in safety programs. 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 Family Day Care Service, Coordinator or Nominated Supervisor will:

- ensure all Family Day Care educators and educator assistants hold current approved first aid qualifications, have undertaken current approved anaphylaxis management training and current approved emergency asthma management training
- ensure these qualifications meet the requirements of the Education and Care Services National Regulations and are approved by ACECQA
- provide internal training of the administration of an auto-injection device and document training on FDC educator and educator assistant's staff records
- implement training and develop procedures to assist educators know the steps of alerting emergency services, administer first aid and provide supervision to other children in their care
- ensure FDC educators are offered support and debriefing after a serious incident requiring the administration of first aid
- keep up to date with any changes in procedures for administration of first aid and ensuring that all FDC educators are informed of these changes
- ensure appropriate documentation is being recorded regarding incidents, injury, trauma and illnesses and the administration of first aid
- conduct audits on first aid kits at individual FDC educator's residence /venues
- evaluate risk assessments conducted by FDC educators prior to approving any excursions, regular outings or when providing transport

Family Day Care educators and educator assistants are responsible for:

- safeguarding every reasonable precaution to protect children at the Service from harm and/or hazards that can cause injury
- consider procedures of how they will be able to administer first aid to a child if required whilst they are working on their own in their residence
- discuss possible situations for emergency situations with the Coordinator and Approved Provider
- confidently administering first aid as required to incidents involving children enrolled in their service
- ensuring that all children are adequately supervised while providing first aid and comfort for a child involved in an incident or suffering trauma
- always act in a respectful manner when administering first aid
- consider if an ambulance is required as soon as possible. Follow directions provided by emergency services
- continue to administer first aid until emergency services arrive and take over treatment
- if possible, call for assistance from the educator assistant to assist in supervising other children in care whilst first aid is administered. The educator is expected to ensure other children in care are not placed in any danger whilst first aid is administered to another child or adult
- ensuring they hold:
 - a current ACECQA approved first aid qualification
 - current approved anaphylaxis management training qualifications
 - current approved emergency asthma management training qualifications
- refreshing their first aid qualifications including asthma and anaphylaxis training every three years
- refreshing their CPR at least annually
- undertake administration of an auto-injector device training as required
- ensuring first aid training details are recorded at the Service Principal office and kept up to date
- ensuring there is an induction process for all new educator assistants, and casual and relief educators that includes providing information on the location of first aid kits and specific first aid requirements and individual children's allergies and individual medical management plans
- 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
- contacting families immediately if a child has had a head injury whilst at the Family Day Care Service.
- ensuring a resuscitation flow chart is displayed in a prominent position in the indoor and outdoor environments of the FDC service
- providing and maintaining an appropriate number of up-to-date, fully equipped first aid kits that meet Australian Standards
- conducting a risk assessment prior to an excursion, regular outing or when providing regular transportation of children to identify risks to health, safety, or wellbeing and specifying how these risks will be managed and minimised (NB: risk assessment for a regular outing or regular transportation is required at least annually) [Reg. 102B, 102D (4)]
- ensuring authorisation is gained with the Approved Provider before any excursion, regular outing or transportation of children is made
- providing and maintaining a transportable first aid kit that can be taken to excursions and other activities
- monitoring the contents of all first aid kits and arranging replacement of stock, including when the use-by date has been reached
- disposing of out-of-date materials appropriate
- ensuring first aid kits are recognisable and readily accessible to adults wherever the educator is educating and caring for children as part of a Family Day Care service.

Incident, Injury, Trauma and Illness Record must include:

1. name and age of the child
2. circumstances leading to the incident, injury, trauma, or illness (including any symptoms)
3. time and date
4. details of action taken by the service including any medication administered, first aid provided or
5. medical personnel contacted
6. details of any witnesses
7. names of any person the service notified or attempted to notify, and the time and date of this
8. signature of the person making the entry, and time and date of this

Parents/Guardians will:

- sign FDC *Incident, Injury, Trauma and Illness Record* acknowledging they have been made aware of the incident and the first aid that treatment that was given to the child
- provide the required information for the FDC Service's medication record
- provide written consent (via the enrolment record) for FDC educators or educator assistants to administer first aid and call an ambulance if required
- be contactable, either directly or through emergency contacts listed on the child's enrolment record

First Aid Kit

The Educator will ensure that first aid kits are kept up to date and in accordance with National Education and Care Service Regulations.

All First Aid Kits at the FDC residence or venue must:

- be suitably equipped
- not be locked
- be suitable for the number children and sufficient for the immediate treatment of injuries at the FDC Service
- be easily accessible to the FDC educator and educator assistant
- be constructed of resistant material, be dustproof and of sufficient size to adequately store the required contents.
- be capable of being sealed and preferably be fitted with a carrying handle as well as have internal compartments
- contain a list of the contents of the kit
- be regularly checked using the First Aid Kit Checklist to ensure the contents are as listed and have not degraded or expired
- have a white cross on a green background with the words 'First Aid' prominently displayed on the outside.
- be easily recognisable.
- be easy to access and if applicable, located where there is a risk of injury occurring
- be available in the FDC educator's vehicle
- be provided on each floor of a multi-level FDC service/venue
- be stocked with precautionary items such as sunscreen and water if using outdoors.
- be taken on excursions
- be maintained in proper condition and the contents restocked as required.

It is strongly recommended that a first aid sign is displayed to assist in easily locating first aid kits.

First Aid Procedure in the event of an Incident, Illness, Injury or Trauma

See Appendix 1 below

First Aid Check/Audit

Educators are required to ensure that their first aid kit is stocked and suitable for their service. They will, at least each year, provide the office (as part of the Annual Safety Assessment process) with a list of items in their first aid kit(s) along with the expiry dates. Educators are responsible for ensuring that their first aid kit is maintained and contains in date items.

NATIONAL ECEC REGULATIONS

12 – Meaning of serious incident	85 – Incident, injury, trauma and illness policies and procedures
86 – Notification to parents of incident, injury, trauma and illness	87 – Incident, injury, trauma and illness record
88 – Infectious diseases	89 – First aid kits
97 – Emergency and evacuation procedures	136 (3) – First Aid Qualifications
161 – Authorisations to be kept in enrolment record	162 – Health information to be kept in enrolment record
168 – Education and care service must have policies and procedures	168 (2) (a) (iv) – The administration of first aid

NATIONAL QUALITY STANDARDS

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.

REFERENCE & RELATED INFORMATION

- Education and Care NSW Regulations
- Australian Children's Education & Care Quality Authority.
- Safe Work Australia First Aid in the Workplace Code of Practice: <https://www.safeworkaustralia.gov.au/doc/model-code-practice-first-aid-workplace>
- Safe Work Australia Legislative Fact Sheets First Aiders: <https://www.safeworkaustralia.gov.au/first-aid>
- NSW Education – ECEC Directorate

APPENDIX- 1

PROCEDURE IN THE EVENT OF AN INCIDENT, INJURY, TRAUMA or ILLNESS

If an incident, injury or illness occurs whilst a child is under the care of a FDC educator, the educator will administer First Aid and seek hospital transportation and treatment if required. In the event of a child being subjected to trauma, educators will support children following advice from other professional bodies such as Emerging Minds & BeYou.

Emergency Response Procedures

Follow instructions as per the child's ASCIA Action Plans for children who are known to have asthma or allergies including anaphylaxis

- Administer adrenaline autoinjector or reliever inhaler medication (Ventolin) as instructed
- Contact an ambulance **immediately** for any incident involving anaphylaxis
- Contact an ambulance **immediately** for asthma emergencies if the child cannot breathe normally after following their Action Plan for asthma and receiving reliever inhaler medication or if their breathing become worse.

Head Injuries

All head injuries will be considered as serious and should be assessed by a doctor or the nearest hospital. The child must be closely observed until the parent or guardian collects the child from the educator- or they are transferred to hospital.

- if the child has suffered a head injury and is unconscious, they should not be moved unless there is immediate danger
 - Call for an Ambulance immediately
 - Monitor the airway and breathing until the arrival of an ambulance
 - If breathing stops or they have no pulse, begin CPR immediately

Incident or injury management

The educator will:

- ensure the safety of themselves and others- DRSABCD (Danger, Response, Send for Help, Airway, Breathing, CPR, Defibrillation)
- attend to the child immediately
- if the illness or incident involves asthma or anaphylaxis, refer to the child's Medical Management Plan or Action Plan
- administer First Aid procedures
- assess whether further medical attention is required (hospital or other medical assistance)
- call for help- Contact an ambulance and stay with the child
- contact the parent/s or nominated authorised person on the child's enrolment form to inform them an ambulance has been called and request them to either:
 - come immediately to educator's residence or place of incident/injury or
 - meet the ambulance at the hospital
- immediately arrange for assistance (contact approved provider to request assistance) to care for children in care whilst you travel with an injured/ill child in an ambulance
- if unable to provide supervision for attending children, sign injured child into paramedic's care to be met at the hospital by the parent or authorised nominee or approved provider
- remain with the child until the ambulance arrives
- reassure the child and other children
- ensure any medical conditions/history is readily available (eg: Emergency Action Plan for Asthma or Anaphylaxis)
- Action Plans should provide guidance of First Aid responses in an emergency as provided by the child's doctor and authorised by the child's parents

Calling an ambulance

Do not hesitate to contact an ambulance if you think emergency services are required.

If a child displays any of the following symptoms or suffers any of the following call 000:

- the child has experienced unconsciousness or an altered state of unconsciousness
- is experiencing difficulty breathing for any reason
- has difficulty breathing and has not responded to reliever inhaler medication (even if they are not diagnosed with Asthma)
- is showing signs of shock
- is experiencing severe bleeding, or is vomiting blood
- has an injury to their head, neck or back
- could have broken bones
- has an extremely high temperature, with or without a rash
- has a temperature above **38°C** for an infant under 3 months old

Dial 000 and be prepared to answer the following:

- the address of where the ambulance is required and the closest cross street
- what the problem is
- how many people are injured
- the child/person's age
- the child/person's gender
- if the child/person is conscious and
- if the child/person is breathing