

POLICY: 4.6 ADMINISTRATION OF FIRST AID

Procedure: 4.17 Administration of First Aid

This procedure acknowledges when Educators working with children hold a current Senior First Aid Certificate, which includes anaphylaxis and asthma management training, they are more likely to be able to respond in case of an emergency or where first aid is required.

Procedures and practices are designed to support Educators to:

- Preserve life
- Ensure that ill or injured persons are stabilised and comforted until medical help intervenes
- Monitor ill or injured child in the recovery stage
- Apply further first aid strategies if the condition does not improve
- Ensure the environment is safe and that children are not in danger of becoming ill or injured

4.17.1 Linking to Policy

This procedural guidance should be read in conjunction with the service **4.6 Administration of First Aid Policy** and will assist the Approved Provider, Management, Staff (Nominated Supervisors, Coordinators, and Administrative Staff members) Educators, Educator Assistants and parents to implement the policy. The procedure covers:

[4.17.2 Incidents that Require First Aid](#)

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4.17.2 Incidents that require First Aid

The following incidents are examples of but not limited to when first aid is to be administered:

- Life threatening injury or illness, such as loss of consciousness;
- Suspected Sudden Infant Death Syndrome (SIDS);
- Choking and/or blocked airways;
- Allergic reaction, such as anaphylactic reaction to nuts or seafood;
- Injury to the head, back or eye;

- Bleeding or bone fracture;
- High temperatures and febrile convulsions;
- Asthma attacks;
- Burns (including sunburn);
- Excessive vomiting leading to dehydration;
- Poisoning from either hazardous chemicals, substances, plants, snake or spider bites.

The Service recognises that first aid response to children suffering from an emotional or psychological condition is also essential. These conditions can include:

- Severe stress resulting from workplace or personal situations, or changing family circumstances;
- Anxiety attacks;
- Emotional breakdown and loss of reasoning.

Assisting the child or other adult to access appropriate support is vital in each person's recovery. There are a number of agencies available to assist families, Educators, staff, and children who may be experiencing these types of conditions.

Beyond Blue - <https://www.beyondblue.org.au/>

Black Dog Institute - <https://www.blackdoginstitute.org.au/>

Headspace - <https://headspace.org.au/>

Lifeline - <https://www.lifeline.org.au/>

4.17.3 Roles and Responsibilities

The Nominated Supervisor will:

- if a serious accident occurs, ensure they or another coordinator supports an Educator at the scene of an accident.
- report to the Regulatory Authority for any child who has required medical treatment as a result of any injury occurring during the hours of care and send a report within 24 hours.
- if necessary, organise the collection of other children by parents
- report accidents/incidents to appropriate authorities as soon as possible where medical or emergency attention was sought or should have been sought for a child. These authorities include (not necessarily in this order)
 - o Parents/Guardians
 - o CEO
 - o Ambulance services
 - o Police if appropriate
 - o Regulatory Authority - within 24 hours if it is a serious incident

Families will:

- provide written consent for appropriate medical, dental, or hospital treatment to be carried out if such actions appear to be necessary because the child has been involved in an incident or develops an illness while at the Educator's residence.
- be required to supply the contact number of their preferred doctor and Medicare number.
- supply contact information for those authorised to act if parents cannot be contacted.

Educators will effectively plan and respond to accidents or medical emergencies by:

- Taking all precautions to reduce the incidence of accidents and injuries and recognise potential accidents that can occur which need to be responded to effectively, e.g., burns, stings, fractures, entrapments
- Conducting a daily safety check of the environment and identify any hazards. All hazards will be removed or repaired immediately
- Having a fully stocked first aid kit (including separate kit for the car). Ensure it is easily recognisable and readily accessible to adults and kept inaccessible to children
- Taking a fully stocked first aid kit on excursions, routine outings, and emergency evacuations. A belt bag is one way of taking a modified first aid kit on an excursion or outing
- Checking the first aid kit regularly to ensure it is fully stocked, and no products have expired
- Regularly practice emergency procedures, teach children how to call 000 or 112 emergency telephone numbers in case of accident or illness involving an Educator
- Display emergency procedures and emergency telephone numbers prominently so that anyone entering your home can view them and use them. Emergency numbers should include 000 or 112 for fire, ambulance, and police, as well as poisons information centre, the coordination unit, and the emergency Service mobile phone number

4.17.4 General Information

Educators and staff will

- in the event of an accident/incident, always remain calm, assess the injury/injuries, ensure the child is comfortable, and reassure all other children.
- if the injury is minor, provide first aid (see below [4.17.5 Administrating First for Minor Injuries](#)), contact the child's family and the Service, complete the Incident, Injury, Illness, and Trauma Record, return to the Office within 24 hours.
- refer to the following fact sheets concerning suspected:
 - o [Asthma attack](#) refer to the child's Medical Management Plan
 - o [Anaphylaxis attack](#) refer to the child's Medical Management Plan
 - o [Epileptic attack](#) refer to the child's Medical Management Plan or Health Management Plan
 - o [Diabetic Attack](#) refer to the child's Health Management Plan

- Feverish [Convulsion](#)
 - [Bee stings and insect bites](#)
 - [Severe Bleeding](#)
 - [Suspected Poisoning](#)
 - [Burn or Scald](#)
 - [Concussion](#)
 - [Choking of infant](#)
 - [Choking of child over 1 year old](#)
 - [Fracture or suspected broken bone](#)
- ring 000/112 if there is a serious injury
 - begin first aid - [4.17.5 Administrating First for Minor Injuries](#), [4.17.6 Administering First Aid to a Conscious Child](#) and [4.17.7 Administering First Aid to an Unconscious Child](#).
 - contact the Service who will assist and support the Educator and children so that, if necessary, the Educator can accompany the injured child to hospital until their parent or nominated responsible person arrives.
 - inform the parent or the nominee noted on the enrolment form as an emergency contact.
 - complete an Incident, Injury, Illness, and Trauma Record – refer to 4.9 Incident, Injury, Illness, and Trauma Record Procedure for guidance.

4.17.5 Administrating First Aid for Minor Injuries

From time to time children will experience minor injuries, assisting and supporting them in these moments is critical to teaching and modelling empathy and compassion for children. It is important to ensure personal safety is prioritised by using PPE where bodily fluids are present and encouraging children to have good personal hygiene such as hand washing practices.

Educators and Staff will in the event of a minor injury where bleeding occurs will provide first aid by:

- 1. Reassuring the child and other children**
- 2. Wash your hands with soap and water** if possible/practical
- 3. Put gloves on.**
- 4. Apply firm but gentle pressure on the cut with a clean cloth or piece of gauze for about 20 minutes.**
- 5. If possible, raising the injured part above the person's heart** to help slow the bleeding.
- 6. If the bleeding is more severe and injuries allow, lie the person down.**
- 7. If bleeding from a cut cannot be controlled with gentle pressure** call 000 or 112 (M) immediately.

8. **Once the bleeding stops clean the wound.**
9. **Apply a clean, if possible sterile dressing if needed.** For smaller cuts and scrapes you may only need a band-aid or two.
10. **If you have any concerns seek medical help.**
11. **Reassure child and other children.**
12. **Consider what led up to this event and how you will prevent this in the future.**
13. **Debrief with children and discuss what occurred.**
14. **Contact the child's parent** or authorised nominee if the parent is not available as soon as possible and inform other children's parents of the incident within 24 hours.
15. **Complete the Incident, Injury, Trauma and Illness Record** (see the 4.9 Incident, Injury, Trauma and Illness Procedure for guidance) within 24 hours and send to the Service Office

4.17.6 Administering First Aid to a Conscious Child

First aid to a conscious child is generally the provision of initial care in response to an illness or injury. The following steps will assist Educators to respond to an illness, accident or an injury:

1. **Always remain calm**, using a quiet voice to reassure other children; and
2. **If the child is conscious, talk to them about what is happening right now and what else will occur, reassure them that you will stay with them and look after them; and**
3. **Contact emergency services** if required and the Service office
4. **Contact the parent, inform them of the incident, and if required seek permission to administer e.g. Paracetamol**
5. **Where medication is administered ensure the parent provides authorisation (verbal or via text) and the Educator will complete the Administration of Medication Record and ask the parent to sign this on arrival.**
6. **Always protect yourself** (use Personal Protective Equipment PPE e.g. gloves & disposable mask or face shield) particularly if the child is bleeding. Refer to Manage Bodily Fluids Procedure
7. **Take a moment to reassess the injury/injuries** while comforting the child.
8. **Ensure all other children are safe by keeping them close** but out of the way of the incident/accident (if there are other adults engage them to assist you with the incident)
9. **Ensure the child/ren injured knows your there to look after them**, apply pressure if there is bleeding or mobilise a broken bone with triangle bandage
10. **Reassure all children by talking with and telling them what steps you are taking**, ask them to stay close by;
11. **Engage the other older children if this does not put them at risk in the process** and no other adult/person is available to assist you
12. **Continue to provide first aid until the child recovers or emergency assistance arrives.**

13. **Provide details of the incident to emergency service personnel;**
14. **Debrief with children after any incident, illness or trauma to support their understanding of the events** and provide a chance for questions and answers.
15. **Notify the child's parent and the service office as soon as possible and other children's parents within 24 hours of the incident (that there was an incident remembering to maintain confidentiality of the other child).**
16. **Complete the Incident, Injury Trauma and Illness Record** see the 4.9 Incident, Injury, Trauma and Illness Procedure for guidance.
17. **Reflect on the incident and your management of the situation**, consider if changes are required in your practice or if you need to include any further experiences within the educational program to support children and their emotional development, see the 3.1 Educational Program Procedure for guidance.
18. **Nominated Supervisor or coordinator will** debrief and assist the Educator to reflect and make changes if required within 24 hours.
19. **Check in with parents and children about the incident to ascertain if further support is required.**
20. **The Nominated Supervisor will** notify the Queensland Regulatory Authority within 24 hours of a serious incident or other incidents within 7 days via the NQA ITS portal

4.17.7 Administering First Aid to an Unconscious Child

The Educator will in the event of a child being seriously injured or where there is a known medical condition. Immediately call emergency services – 000 or 112 Ambulance/Police and put on loudspeaker so you can talk to the emergency personnel, informed them of the address (and nearest crossroads), and tell them what you have noticed.

Where the child has a known medical condition refer to the 4.13 Medical Conditions Policy and 4.10 Serious Incident and Emergencies Policy and the child's Medical Management Plan

Otherwise, listen and follow the instructions of the emergency services:

Begin first aid immediately if the child is non-responsive:

1. **Calmly approach the child**, tell the other children if present to sit where you can see them (tell them that the child is very sick, and you need to help them).
2. **Danger:** Check to ensure there is no danger before trying to help a child or adult
3. **Response:** Look for a response – call name and shake
4. **Airway:** Open Airway, by opening the mouth and check the airway for foreign material obstructing breathing. Place in the recovery position and clear the airway. If there is no foreign material? Leave in this position. Open the airway by tilting the head back with a chin lift and if possible, use a face shield.

5. **Breathing:** Check for breathing: look, listen, feel for 10 seconds. If no normal breathing is present? Start CPR (see process below). If the child is breathing normally, place them in the recovery position and monitor breathing
6. **If no breathing is evident, start with 30 chest compressions and add 2 breaths.** Continue CPR until help arrives or the child starts breathing on their own
7. **Remember with a baby compression** is using two fingers and a small child, one hand.
8. **On arrival of emergency services, the Educator will take directions from emergency services personnel**
9. **Join the other children** to ensure they are calm and if possible, take them away from where the emergency services personnel are working on the child.
10. **Contact the Parent of the child**
11. **If ill or injured child requires further medical attention or hospitalisation** (needs to be transferred to hospital) continue to ensure that all children in care are adequately supervised. This can be achieved by;
 - a. If appropriate, contacting ill/injured child's family to arrange for them to travel from Educators' home to the hospital in ambulance with the child;
 - b. Immediately arrange for assistance from Educational Assistant (contact Nominated Supervisor for support) to care for children in care or travel with ill/injured child in ambulance.
 - c. If the Educator is unable to provide alternative person to supervise the other children, the Educator will sign the injured child into the paramedic's care, with the view that the family or approved provider will meet the child at the hospital.
12. **Contact the Service Office** to notify them of the incident and seek their support. Refer to the 4.10 Serious Incident and Emergencies Policy and associated procedures for further guidance.
13. **Inform the parents of the child**, if you haven't already. Notify the other children's parents that a medical incident occurred that day, remembering, to maintain confidentiality with regards to the child's medical condition.
14. **Continue to reassure the other children.**
15. **Complete the Incident, Injury Trauma and Illness Record** refer to the Responding to Incident, Injury, Trauma and Illness Procedure for guidance on completing the record.
16. **Reflect on the incident and your management to consider if changes are required in practices.**
17. **The Nominated Supervisor will** debrief and assist the Educator to reflect and make changes if required within 24 hours of the incident.
18. **The child will not return** until a medical clearance is received from the parent.
19. **The Nominated Supervisor will** notify the Queensland Regulatory Authority within 24 hours of a serious incident via the NQA ITS portal

4.17.8 Evaluation of An Incident Requiring First Aid

In order to assess whether the intent of the policy and procedures have been achieved, the Approved Provider and/or Nominated Supervisor will:

1. **regularly check Educators' files** to ensure details of approved first aid qualifications have been recorded and are current (coordinators will check the Educators file before going on a monitoring visit to the Educator's home)
2. **monitor the implementation, compliance, complaints and incidents** in relation to this policy
3. **review the first aid procedures** following an incident to determine their effectiveness
4. **regularly seek feedback from Educators, staff and everyone affected by the policy** regarding its effectiveness by interviewing all involved
5. **keep the policy up to date with current legislation, research, policy and best practice by reviewing annually**
6. **consider the advice of relevant bodies or organisations such as Australian Red Cross and St John Ambulance when reviewing this policy**
7. **revise the policy and procedures as part of the service's policy review cycle**, or as required
8. **notify parents/guardians at least 14 days before making any changes to this policy or its procedures; and**
9. **provide a revised copy for feedback prior to implementing a new policy.**
10. **ensure Educators have the most current policy and procedures and have been advised of changes and are confident in implementing them via training.**

4.17.9 First Aid Kits

- The first aid kit will be accessible to the Educator, Educator Assistant, regular visitors, staff, the Educator's family members, students, parents, and volunteers, but inaccessible to children.
- Educators will possess a portable first aid kit for excursions, and a permanent first aid kit will be located in the Educator's vehicle if transporting children.
- Contents of the first aid kit are to be replaced if used and kept within date.
- Personal Protective Equipment [PPE] aids (for example, gloves and masks) are to be kept with the first aid kits.
- If a child uses sharps (such as needles) in care, the Educator will dispose of these in an approved sharps dispenser.

- A cold pack will be kept in the freezer or single-use 'chemical' cold pack for the treatment of bruises and strains.

Review

	Date	Details
Revision 00	07/2015	Original Policy Issued
Revision 01	12/2020	Reviewed
Revision 02	08/2017	Reviewed
Revision 03	10/2020	Reviewed and separated from Policy

Related Documents

Policies

4.3 Serious Incident and Emergencies Policy

4.4 Medical Conditions

4.6 Administration of Medication

Forms

Incident, Injury, Illness, Trauma Record

Medical Management Plan

Reference

Refer to 4.7 Administration of First Aid Policy