



## 2.14 ADMINISTERING FIRST AID

### Purpose Statement

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 education and care setting where staff have a duty of care and obligation to assist children who are injured, become ill or require support with administration of medication.

### Scope

This policy applies to educators, contractors, children, families and visitors.

### Policy Statement

FIRST AID WILL BE ADMINISTERED AS NECESSARY BY STAFF WHO HOLD A CURRENT FIRST AID CERTIFICATE.

### Procedures

#### *First Aid Qualifications*

The family day care (FDC) educator will:

1. Possess a current approved first aid qualification.
2. Undertake anaphylaxis management training and update as required.
3. Undertake emergency asthma management training and update as required.
4. Implement practices to minimise cross infection while providing first aid.
5. Maintain a list of emergency services, a list of the child's current contact numbers and emergency services and keep these in an accessible position.

#### *First Aid Kits*

1. The first aid kit will be accessible to FDC educators, FDC educator assistants, regular visitors, staff members, FDC educator family members, students, parents and volunteers, but inaccessible to children.
2. FDC educator assistants, regular visitors, staff members, family day care educator family members, students, parents and volunteers will be informed of the location of the first aid kit on their first day in the family day care residence and/or venue.
3. FDC educators will possess a portable first aid kit for excursions and a permanent first aid kit will be located in the FDC educator's vehicle if transporting children.
4. Contents of the first aid kit are to be replaced if used and kept within date.
5. Personal Protective Equipment [PPE] aids (for example gloves and masks) are to be kept with the first aid kits.



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6. If sharps (such as needles) are used by a child in care, the FDC educators will dispose of these in an approved sharps dispenser.

### ***Communication with Families***

1. The FDC educator will obtain authorisation from parent/s and/or nominated contact on the enrolment form before obtaining medical treatment and/or an ambulance if necessary.
2. FDC educators will inform parent/s or nominated person on the enrolment form following a first aid response.

### ***First Aid Response***

When a child is injured or becomes ill, the FDC educator will:

1. Attend to the child immediately.
2. Follow first aid response DRABCD.
3. Give appropriate first aid treatment which may include medical assistance. Any medical or dental treatment required must be carried out by the parent/s/family nominated preferred medical/dental practitioner where possible.

### ***First Aid Response Requiring an Ambulance***

When a child is seriously injured or becomes seriously ill, the FDC educator will:

1. Call an ambulance and stay with the child until the ambulance arrives.
2. Notify the service and request immediate assistance.
3. Contact the parent/s or nominated contact on the enrolment form (by telephone or the most direct method of contact as indicated by the parent/s on the enrolment form) to inform that an ambulance has been called for their child.
4. Remain with other children in care whilst the child goes in the ambulance with member of service staff.

The ambulance response will be financed by the parent.

### ***Incident Reporting***

When a first aid response is required as a result of a child being hurt, injured, traumatised or falling ill, an Incident, Injury, Trauma and Illness Record is to be completed. Completion of an incident record involves:

1. Completing the entire form.
2. Use simple, clear language to describe the situation.
3. Ensuring the document is signed by the concerned parent/guardian.
4. Forwarding the incident record to the nominated supervisor within 12 hours of the incident taking place.



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*NOTE: depending on the type of incident that occurred, ACECQA may need to be notified. This is the responsibility of the Nominated Supervisor. For further information, refer to the **Incident and Incident Response** procedure.*

### Relevant Standards/Legislation

- National Quality Framework for Early Childhood Education and Care Services including:
  - Education and Care Services National Law 2011
  - Education and Care Services National Regulations 2011
- Occupational Health & Safety Act 2004

### Related Policies & Links

- *First Aid Requirements* procedure
- *Incident Reporting* procedure
- *OHS* procedure

# DRSABCD action plan

In an emergency call triple zero (000) for an ambulance



## D DANGER

Ensure the area is safe for yourself, others and the patient.

## R RESPONSE

**Check for response**—ask name—squeeze shoulders

**No response**

- Send for help.

**Response**

- make comfortable
- check for injuries
- monitor response.



## S SEND for help

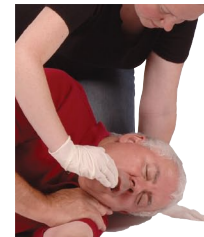
**Call Triple Zero (000)** for an ambulance or ask another person to make the call.

## A AIRWAY

**Open mouth**—if foreign material is present:

- place in the recovery position
- clear airway with fingers.

**Open airway** by tilting head with chin lift.



## B BREATHING

**Check for breathing**—look, listen and feel.

**Not normal breathing**

- Start CPR.

**Normal breathing**

- place in recovery position
- monitor breathing
- manage injuries
- treat for shock.



## C CPR

**Start CPR—30 chest compressions : 2 breaths**

Continue CPR until help arrives or patient recovers.



## D DEFIBRILLATION

**Apply defibrillator** if available and follow voice prompts.

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