



Kids on Mullum Child Care Centre

13-15 Mullum Mullum Road, Ringwood VIC 3134 – (03) 9870 7020

kidsonmullum@gmail.com

www.kidsonmullumchildcare.com.au



Administration of First Aid

POLICY

POLICY STATEMENT

Our organisation is committed to providing an environment where children's health, safety, and wellbeing is at the forefront. The organisation has a duty of care and obligation to assist children who are suffering illness or injury following an incident.

BACKGROUND

The *Education and Care Services National Regulations* require approved providers to ensure policies and procedures are in place in relation to the administration of first aid.

LEGISLATION

- National Law Act – 167
- National Regulations – 85–94, 101, 102C, 103, 136, 137, 147, 161, 162, 168, 170–172, 176, 183
- National Quality Standard – 2.1.1, 2.1.2, 2.2, 3.1.2, 4.1.1, 4.2.2, 6.1, 7.1.2, 7.1.3, 7.2.3

RELEVANT POLICIES

- Acceptance and Refusal of Authorisations
- Anaphylaxis Management
- Dealing with Infectious Diseases
- Dealing with Medical Conditions
- Emergency and Evacuation
- Enrolment and Orientation
- Excursions
- Health, Safety and Wellbeing
- Incident, Injury, Trauma & Illness
- Interactions with Children
- Providing a Child-Safe Environment
- Safe Arrival of Children
- Safe Transportation of Children
- Staffing Arrangements
- Sun Protection

LOCATION OF INFORMATION

- Centre Policy and Procedure Handbook
- Kids on Mullum Child Care Centre Website

MONITORING AND REVIEW

This policy is required to be reviewed at least annually by the approved provider, in conjunction with nominated supervisors, responsible persons, staff, families and children.

- Dates of Review: January 2024
January 2023
January 2022

Administration of First Aid

PROCEDURES

PURPOSE OF FIRST AID

- The administration of first aid policy and procedures are designed to support staff to:
 - Preserve life
 - Ensure that ill or injured persons are stabilised and comforted until medical help intervenes
 - Monitor ill or injured persons in the recovery stage
 - Apply further first aid strategies if the condition does not improve
 - Ensure that the environment is safe and that all persons nearby are not in danger of becoming ill or injured

WHEN FIRST AID MAY BE REQUIRED

- The following circumstances are examples of, but not limited to, when first aid is required:
 - Allergic reaction
 - Amputations or dismemberment
 - Anaphylactic reaction to an allergen, *e.g., bee sting, eggs, nuts*
 - Asthma attack
 - Bites from insects, snakes or spiders
 - Bleeding, vomiting blood or passing blood
 - Broken bones or fractures
 - Bumps and bruises
 - Burns, including sunburn
 - Choking and/or blocked airway
 - Cuts, scratches, punctures, grazers and splinters
 - Difficulty breathing or not breathing normally
 - Dislocations
 - Drowning
 - Dizziness
 - Electric shock
 - Excessive vomiting or diarrhoea presenting a risk of dehydration
 - High temperatures and febrile convulsions
 - Injury to the head, back or eye
 - Life threatening injury or illness, *e.g., respiratory symptoms or cardiac arrest*
 - Medication or drug overdose
 - Muscular sprains and strains
 - Poisoning from hazardous chemicals, plants, or substances
 - Shock
 - Slurred speech
 - Sudden Infant Death Syndrome (SIDS)
 - Unconsciousness or an altered conscious state
- The organisation recognises that first aid responses to people suffering from an emotional or psychological condition are also important. These conditions can include, but are not limited to:
 - Anxiety attack
 - Emotional breakdown and loss of reasoning
 - Mental health conditions
 - Severe stress resulting from a workplace or personal situation



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HOW TO MANAGE A MEDICAL EMERGENCY

- Attend immediately to an injured or ill person and implement appropriate first aid management.
- Assess if there is a need for an ambulance to attend and call **000** for attendance or advise another staff member to make the call.
- Identify any risks in the immediate area and minimise or eliminate these.
- Implement any medical action plans if a person with a diagnosed medical condition is involved.
- In the event of a person going into anaphylactic shock who does **NOT** have a medical management plan, the service's EpiPen is to only be administered to a person with over the phone consent from emergency services.
- Monitor the person's condition and maintain appropriate first aid support until further assistance is available from emergency services.
- Ensure that arrangements are made to remove the person as soon as possible in the interests of the health, safety and wellbeing of that person and those around them.
- Notify as soon as practicable the parents or guardians of a child, or next-of-kin of an adult, involved in a serious medical emergency or incident.
- If a parent or guardian are not available and a child needs to go to hospital by ambulance, a staff member is to go with them.
- A copy of the child's enrolment form is to be taken to the hospital by the staff member accompanying the child.
- Remaining staff are to continue to try to contact a parent, guardian or next-of-kin.
- Document the incident as soon as practicable on an *Incident, Injury, Trauma and Illness Record*.
- Notify the *Department of Education and Training* within 24 hours of a serious incident occurring at the service.
- If a serious workplace injury has occurred, notify WorkSafe within 48 hours of the incident.
- In the case of a serious incident involving an adult, the scene of the incident should not be touched as it may need to be inspected by an inspector from WorkSafe.
- 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 are to be given to emergency services attending the scene, with the date and time it was used.
- **WHEN IN DOUBT, CALL AN AMBULANCE.**

CALLING AN AMBULANCE

- Staff should not hesitate to contact an ambulance on **000** if they think emergency services are required for any child, staff member or visitor.



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- If there is a need for an ambulance to attend, call **000** for attendance or advise another staff member to make the call.
- On enrolment of a child, a parent or guardian is required to give written authorisation for staff to seek emergency, ambulance, medical, hospital or dental advice or treatment, if required.
- It is expected that staff will assess the situation and determine the need for an ambulance in situations other than those listed below.
- An ambulance must be called immediately on **000** for any of the following incidents:
 - When a person has stopped breathing, is experiencing difficulty breathing or is not breathing normally.
 - When a person is unconscious or is experiencing an altered state of unconsciousness.
 - When there is evidence of an anaphylactic reaction.
 - When there is evidence of an asthma attack.
 - When there is obvious evidence of a broken bone.
 - When a person is having a febrile convulsion or seizure.
 - When a person is experiencing severe bleeding, or is vomiting blood.
 - When there is a serious injury to the head, neck or back.
 - When a person is showing signs of shock.
 - Other incidents determined as serious by staff.
- Dial **000** and be prepared to answer the following:
 - the address of where the ambulance is required and the closest intersection.
 - what the problem is.
 - how many people are injured or unwell.
 - the person's age.
 - the person's gender.
 - if the person is conscious.
 - if the person is breathing.
- While waiting for the ambulance to arrive, ensure:
 - At least one first aid trained staff members remains with the injured or unwell person.
 - A staff member contacts a parent, guardian or next-of-kin.
 - A staff member waits out the front of the service to meet the ambulance.
 - Remaining staff members move children away from the area, redirecting the group to different activities, whilst keeping them calm and providing comfort and reassurance.
- In the event that an ambulance is called:
 - A parent, guardian or next-of-kin must be informed as soon as practicable that an ambulance was required.
 - Management must be informed as soon as practicable that an ambulance was required.
 - The regulatory authority must be informed within 24 hours that an ambulance was required.
 - A staff member is to accompany a child in an ambulance in the absence of their family.
 - Families are required to pay any costs associated with the ambulance.
- **WHEN IN DOUBT, CALL AN AMBULANCE.**

FOLLOW DRSABCD

Danger

- Always check the danger to you, any bystanders and the injured person.
- Make sure you do not put yourself in danger when going to the assistance of another person.

Response	<ul style="list-style-type: none"> • Is the person conscious? • Do they respond when you talk to them, touch their hands or squeeze their shoulder? • Do not shake an infant to get a response.
Send for Help	<ul style="list-style-type: none"> • Call triple zero (000) or ask another staff member to call triple zero (000). • Don't forget to answer the questions asked by the operator. • Do not leave the person requiring emergency assistance.
Airway	<ul style="list-style-type: none"> • Is the person's airway clear? • Is the person breathing? • If yes, is the person breathing normally? • If the person is responding, they are conscious and their airway is clear, put them in the recovery position & assess how you can manage any injuries. • If the person is not responding and they are unconscious, you need to check their airway by opening their mouth and having a look inside. • If their mouth is clear, tilt their head gently back by lifting their chin and check for breathing. • If the mouth is not clear, place the person on their side, open their mouth and clear the contents, then tilt the head back and check for breathing.
Breathing	<ul style="list-style-type: none"> • Check if the person is breathing abnormally or not breathing at all. • Check for breathing by looking for chest movements - up and down. • Listen by putting your ear near to their mouth and nose. • Feel for breathing by putting your hand on the lower part of their chest. • If the person is unconscious but breathing, put them in the recovery position, carefully ensuring you keep their head, neck & spine in alignment. • Monitor their breathing until you hand over to emergency services.
CPR	<p>ADULTS</p> <ul style="list-style-type: none"> • If an adult is unconscious and not breathing, make sure they are flat on their back and then place the heel of one hand in the centre of their chest and your other hand on top. • Press down firmly and smoothly, compressing to one third of their chest depth, 30 times. • Give two breaths. • To get the breaths in, tilt their head back gently by lifting their chin. • Pinch their nostrils closed, place your open mouth firmly over their open mouth and blow firmly into their mouth. • Keep going with the 30 compressions and two breaths at the speed of approximately five repeats in two minutes until you hand over to the emergency services, another trained person, or until the person you are resuscitating responds. <p>CHILDREN</p> <ul style="list-style-type: none"> • Place the child on their back and kneel beside them. • Place the heel of one hand on the lower half of breastbone, in the centre of the child's chest - the size of the child will determine if you do CPR with 1 hand or 2 hands. • Position yourself above the child's chest. • Keeping your arm or arms straight, press straight down on their chest by one third of the chest depth. • Release the pressure. Pressing down and releasing is 1 compression.

	<ul style="list-style-type: none"> • Open the child's airway by placing one hand on the forehead or top of the head and your other hand under the chin to tilt the head back. • Pinch the soft part of the nose closed with your index finger and thumb. • Open the child's mouth with your thumb and fingers. • Take a breath and place your lips over their mouth, ensuring a good seal. • Blow steadily into their mouth for 1 second, watching for the chest to rise. • Following the breath, look at the child's chest and watch for the chest to fall. • Listen and feel for signs that air is being expelled. Maintain the head tilt and chin lift position. • If their chest does not rise, check the mouth again and remove any obstructions. Make sure the head is tilted and chin lifted to open the airway. • Check that yours and the child's mouth are sealed together, and the nose is closed so that air cannot easily escape. Take another breath and repeat. • Give 30 compressions followed by 2 breaths. Aim for 5 sets of 30:2 in about 2 minutes. <p>INFANTS</p> <ul style="list-style-type: none"> • Lie the infant on their back. • Place 2 fingers on the lower half of the breastbone in the middle of the chest and press down by one-third of the depth of the chest - you may need to use one hand to do CPR depending on the size of the infant. • Release the pressure. Pressing down and releasing is 1 compression. • Tilt the infant's head back very slightly. • Lift the infant's chin up, be careful not to rest your hands on their throat because this will stop the air getting to their lungs from the mouth-to-mouth. • Take a breath and cover the infant's mouth and nose with your mouth, ensuring a good seal. • Blow steadily for about 1 second, watching for the chest to rise. • Following the breath, look at the infant's chest and watch for the chest to fall. Listen and feel for signs that air is being expelled. • If their chest does not rise, check their mouth and nose again and remove any obstructions. Make sure their head is in a neutral position to open the airway and that there is a tight seal around the mouth and nose with no air escaping. Take another breath and repeat. • Give 30 compressions followed by 2 breaths. Aim for 5 sets of 30:2 in about 2 minutes.
<p>Defibrillator</p>	<ul style="list-style-type: none"> • For unconscious adults who are not breathing, apply an automated external defibrillator (AED) if one is available. • The devices are very simple to operate. Just follow the instructions and pictures on the machine, and on the package of the pads, as well as the voice prompts. • Make sure no-one touches the person while the shock is being delivered. • If the person responds to defibrillation, put them in the recovery position, and tilt their head to maintain their airway. • You can use a standard adult AED and pads on children over 8 years old. • Children younger than 8 should ideally have paediatric pads and an AED with a paediatric capability. If these aren't available, then use the adult AED. • Do not use an AED on children under 1 year of age.

HOW TO MANAGE A MEDICAL INCIDENT

- Assess the situation to determine harm to the injured person and others.

- Staff to clear children away from the incident site and continue with the normal routine.
- Wash hands thoroughly before and after direct contact with an injured person or bodily excretions using warm soapy water. Rinse, dry and sanitise hands using an alcohol-based rub or gel.
- Let the injured person know what is going to happen, and check with them if this is okay.
- If it is clear and safe to act, staff with current first aid qualifications are to attend to the injured person and begin first aid.
- Staff will wear disposable gloves at all times whilst administering any first aid.
- Remain calm, assess the injuries, ensure injured person is comfortable, and reassure them.
- No medications or creams are to be used on the injured person unless prescribed for them.
- To avoid the risk of cross-infection of communicable diseases:
 - All body fluids will be treated as infectious.
 - Disposable gloves will be worn when administering first aid.
 - All open sores or wounds will be well covered.
- When using an ice pack, a paper towel, tea towel or face washer is to be wrapped around it so that the ice pack is not directly touching the skin.
- If an injury is bleeding thoroughly, wash the area using water and wet paper towel to ensure the area is clean, and then cover the area with an appropriate dressing.
- If a child has any blood on their clothing, remove it and place the items in a tied plastic bag to go home for cleaning.
- Place any contaminated paper towels, disposable gloves, dressings or used first aid materials in a plastic bag, tie it up and place it into the rubbish bin immediately.
- Wash scissors or instruments used during first aid treatment thoroughly with warm soapy water.
- Continue to monitor the injured person at all times for signs of further concern or distress. If their condition deteriorates, then staff are to assess the situation and if necessary, call an ambulance.

INFECTION PRECAUTIONS

- Adequate infection and prevention control must be practiced at all times when administering first aid or cleaning up blood or bodily fluids.
- To avoid contact with potentially infectious bodily fluids during CPR, use a resuscitation mask.
- The following infection control precautions must always be adhered to:
 - Wear protective, disposable gloves when in contact with body fluids, non-intact skin and mucous membranes.
 - Cover cuts and abrasions with waterproof dressings to avoid contamination of cuts and/or abrasions with another person's blood and/or body fluids.
 - Wash hands thoroughly before and after direct contact with an injured person or bodily excretions using warm soapy water. Rinse, dry and sanitise hands using an alcohol-based rub or gel.
 - Avoid contact with blood, faeces or urine.
 - Wash hands, lower arms and other body parts in contact with blood, faeces or urine, thoroughly with soap and water.



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- Clean up spilt blood, urine, faeces or vomit with disposable paper towel to absorb the spill.
- Dry the area thoroughly with paper towel.
- Dispose of all contaminated material in a plastic bag that is tied shut and place it into a soiled clothing bucket.
- Remove any broken glass or sharp material with forceps or tongs and place in a container.
- Dispose of waste in a rubbish bin.
- Disinfect the area with disinfectant and warm water.
- Wash carpeted areas with disinfectant and water.
- Wash all instruments used thoroughly with water and disinfectant to remove blood. Instruments are then to be soaked in bleach. Alternatively, dispose of instruments in a plastic bag that is tied shut.
- If another child had any part of their body contaminated with a bodily excretion, body parts should be thoroughly washed with soap & water.

BLOOD SPILLS

- The person will be treated by a first aid trained staff member that is wearing disposable gloves.
- Staff must avoid direct contact with blood. If a staff member is cleaning a person's face which has blood on it, they will ensure that they are not at eye level with the injured person. If they are at eye level and the person is upset, there is a chance, through their crying or coughing, for their blood to enter a staff member's eyes or mouth.
- If blood enters the eye, rinse the eyes while they are open, gently but thoroughly, for at least 30 seconds. If blood enters the mouth, spit it out and then rinse the mouth with water several times.
- Staff must cover any cuts and abrasions on their hands with a waterproof dressing.
- Another staff member is to collect materials from first aid kit to stem the bleeding.
- Any disposable materials used to administer first aid must be sealed in a plastic bag and discarded immediately.
- Clothes must be placed in a plastic bag and sent home with the child.
- Place paper towel over a blood spill. Carefully remove the paper towel and contents. Place the paper towel and gloves in a plastic bag, seal the bag and put it in a bin.
- Any cloths used will be soaked in a bleach solution to minimise the spread of diseases.
- Any spills on the ground or surfaces will be cleaned with disinfectant by a staff member whom is wearing gloves.
- If a person comes into contact with blood, take the following precautions:
 - Wash the area of contact thoroughly with soap and warm water
 - If the blood contacted mouth or eyes, rinse the area very well with water.
 - If the blood contacted a wound or broken skin, wash the area thoroughly with soap & water.
 - Seek medical advice.
- Always wash hands thoroughly with soap and warm water after dealing with blood.

POISONING

- The Poisons Information Centre telephone number is **13 11 26**.

- The Poisons Information Centre telephone number needs to be displayed next to every telephone in the service and where dangerous products are stored.

PROTECTION FROM HARM AND HAZARDS

- Take all precautions to reduce incidents and recognise potential accidents that could occur which need to be responded to immediately, e.g., *falls, entrapments*.
- Complete daily playground checks and identify any hazards, ensuring hazards are removed or repaired immediately.
- Have clearly identifiable, suitably equipped and readily accessible first aid kits with items that are in date. Ensure these are kept inaccessible to children.
- Regularly practice emergency procedures and display emergency procedures and telephone numbers prominently so that anyone entering the service can find them easily and view them.

INCIDENT, INJURY, TRAUMA AND ILLNESS RECORDS

- If first aid is administered, an *Incident, Injury and Trauma or Illness record* is to be filled out by staff present at the time of the incident and staff who treated the person. Information should be recorded as soon as possible, within 24 hours, after the incident or illness. This will state:
 - Date and time of incident
 - Where the incident occurred
 - Nature of incident, illness, injury or trauma
 - Parent, guardian or next-of-kin contacted and the time they were contacted
 - Adult witnesses
 - Name of injured/ill person
 - Specific circumstances of the incident
 - Treatment given
 - Person who administered the first aid
 - Ways in which the incident could be prevented from occurring in the future
 - Signature of person filling out the record
- The nominated supervisor or other responsible person is to sight and sign the form.
- A parent, guardian or next-of-kin is to sight and sign the form and receive a copy within 24 hours of the incident (if they request one).
- National Regulations require that an *Incident, Injury, Trauma and Illness record* be kept and remain confidentially stored until the child is 25 years old.

SERIOUS INCIDENTS

- A small first aid kit is to be kept in an evacuation pack, which is used in an emergency evacuation of the service, e.g., *fire, bomb threat, etc.*
- If a child requires hospitalisation, the nominated supervisor or a responsible person is to contact the regulatory authority via the NQAITS Portal within 24 hours.
- In case of a death of a child in care, the nominated supervisor or a responsible person must immediately give notice of the fact to:
 - The parent or guardian of the child.
 - The approved provider of the service.
 - The police.
 - The regulatory authority within 24 hours.

- The National Law requires the regulatory authority to be notified of any serious incident at an approved service. A serious incident includes:
 - the death of a child while attending a service, or following an incident while attending a service.
 - any incident involving injury, trauma or illness of a child where medical attention was sought, or should have been sought.
 - an incident at the service premises where the attendance of emergency services was sought, or should have been sought.
 - when a child appears to be missing or cannot be accounted for.
 - when a child appears to have been taken or removed from the service premises in a way that breaches the National Regulations, or is mistakenly locked in or locked out of any part of the service premises.
- A serious incident should be documented on an *Incident, Injury, Trauma and Illness record* as soon as possible, and within at least 24 hours of the incident.

FIRST AID QUALIFICATIONS

- The approved provider of a centre-based service must ensure that the following qualified people are in attendance at all times, and immediately available in an emergency, whenever children are being educated and cared for by a service:
 - at least one staff member who holds a current approved first aid qualification.
 - at least one staff member who has undertaken approved anaphylaxis management training.
 - at least one staff member who has undertaken approved asthma management training.
- One staff member may hold one or more of the above qualifications.
- It is a requirement of our organisation that all staff hold a current first aid certificate incorporating CPR. All staff must also have completed asthma management and anaphylaxis management training, or have completed the *Provide First Aid in an Education and Care Setting (HLTAID012)* course which incorporates all requirements. Staff have further opportunities to complete training when required.
- Staff are required to renew their first aid certificates every 3 years, and renew their CPR, asthma and anaphylaxis training at least annually.
- Copies of staff first aid qualifications are to be kept in their staff record.
- From October 2023, changes to the national regulations 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:
 - Approved first aid qualifications
 - Approved anaphylaxis management training
 - Approved emergency asthma management training
- The certificate should state the date when the person completed the course.

FIRST AID KITS

- The service stocks and maintains up-to-date, fully stocked first aid kits. The service utilises a checklist to ensure kits are adequately maintained, in date, and fully stocked.
- First aid kits should:
 - not be locked.
 - not contain paracetamol.
 - be suitable for the number of employees and children, and sufficient for the immediate treatment of injuries at the service.



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- be easily accessible by staff.
 - be located where it takes no longer than a minute to reach.
 - be regularly checked using the against the checklist to ensure the contents are as listed and have not deteriorated or expired.
- First aid kits must be taken on excursions and first aid qualified staff must be in attendance.
 - When determining how many first aid kits are appropriate, the organisation should consider the number of children in attendance as well as the proximity of rooms to each other and the distances from outdoor spaces to the nearest first aid kit.
 - *Asthma Australia* recommends that spacers and face masks are for single-use only. It is essential to have at least two spacers and two face masks in each first aid kit, and these should be replaced once used.
 - Having an adrenaline autoinjector for general use should be considered as being additional to the prescribed adrenaline autoinjectors and should **NOT** be a substitute for children at high risk of anaphylaxis having their own prescribed adrenaline autoinjector/s.
 - If children are taken by staff outside the premises, staff must ensure that they carry the following:
 - A suitably equipped first aid kit.
 - The telephone number of any person who is to be notified of any incident involving a child.
 - An operational mobile telephone with an appropriate connection to a telephone network.
 - If any child has been diagnosed as at risk of anaphylaxis, the child's anaphylaxis medication and anaphylaxis medical management plan.
 - If any child has been diagnosed with a medical condition, e.g., *asthma, epilepsy, diabetes*, the child's medication and medical management plan.
 - If a child diagnosed at risk of anaphylaxis is being cared for by the service, staff must ensure that their anaphylaxis medication is:
 - Easily recognisable and readily accessible to adults.
 - Inaccessible to children.
 - Stored away from direct sources of heat.

ADMINISTRATION OF MEDICATION

- Medication is only to be administered in a safe and appropriate manner following authorisation from a parent, guardian, authorised nominee, and/or emergency services.
- Families must record all details on their child's '*Medication Form*'. This must be signed by the child's parent, guardian or authorised nominee confirming they consent to staff administering medication, before the medication can be administered to the child. This must be done for each day and time that a child requires medication.
- All medication prescribed must be in the original container and labelled by a pharmacist with the child's name, dosage and the times when the medication is to be administered. The medication must not be past its use by date. This applies to over-the-counter medications and ointments. Two staff members must check this information and the label prior to administration.
- The medication must be handed directly to staff, or placed in the fridge, as required. Medication should **NEVER** be left in a child's bag as this poses a risk of poisoning. Medicine must be inside a locked medication box at all times whilst at the service.
- All medication administered by staff must be checked by the administering staff member and checked by another staff member at the time of administration.



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- Over the counter medications, including cough and cold syrups, are not recommended for children under the age of two without medical advice. The service will not administer any of these medications without a medical certificate.
- Over-the-counter medications may only be administered if they are accompanied by a doctor's letter and in the original container bearing the original label, instructions and the expiry date.
- Nappy cream will not be applied without a consent form signed by a parent, guardian or authorised nominee on our nappy cream permission form.
- The service will keep *Panadol* on the premises in the event of a child experiencing an extreme temperature. *Panadol* will only be administered after permission from a parent, guardian or authorised nominee has been given and whilst the child is waiting to be collected.
- The service will keep *Zyrtec* on the premises in the event of a child experiencing an allergic reaction. *Zyrtec* will only be administered after permission from a parent, guardian or authorised nominee has been given and whilst the child is waiting to be collected.
- The service will keep *Ventolin* puffers on the premises in the event of a child experiencing breathing difficulties. *Ventolin* will only be administered after permission from a parent, guardian or authorised nominee has been given and whilst the child is waiting to be collected.
- The service will keep a backup *EpiPen Junior* on the premises in the event of a child experiencing anaphylaxis, or if a child prescribed an *EpiPen* needs a backup.

ROLES AND RESPONSIBILITIES

Approved Provider	<ul style="list-style-type: none"> • Ensure that every reasonable precaution is taken to protect children at the service from harm and hazards that are likely to cause injury. • Ensure that the prescribed educator-to-child ratios are met at all times. • Ensure staff are able to undertake their roles effectively in relation to the administration of first aid. • Ensure staff first aid qualifications are kept up to date. • Ensure staff have access to clearly identifiable, suitably equipped and readily accessible first aid kits. • Ensure that, at a minimum, one staff member currently qualified in first aid is present, and immediately available, at the service at all times. • Ensure that, at a minimum, all designated responsible persons hold a current approved first aid qualification. • Ensure roles are clear for staff in relation to their responsibilities in the administration of first aid, notification and reporting. • On enrolment of a child, ensure a parent or guardian has given written authorisation for staff to seek emergency, ambulance, medical, hospital or dental advice or treatment, if required. • Ensure there is an induction process for all new staff that includes providing information on the location of first aid kits, specific first aid requirements and individual children's allergies and medical conditions. • Stay up-to-date with any changes in procedures for administration of first aid and ensure that all staff are informed of these changes. • Safely store confidential health and medical details on children until they reach the age of 25 years. • Notify the regulatory authority of any serious incident within 24 hours of the incident or the time that the person becomes aware of the incident.
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	<ul style="list-style-type: none"> • Ensure that a parent or guardian is notified as soon as practicable if their child is involved in an incident, injury, trauma or illness. • Ensure that a next-of-kin is notified as soon as practicable if an adult is involved in an incident, injury, trauma or illness. • Ensure 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. • Ensure that staff are offered support and debriefing following a serious incident requiring the administration of first aid. • Read, understand, follow and enforce the organisation's policies and procedures.
<p>Nominated Supervisor and Responsible Persons</p>	<ul style="list-style-type: none"> • Ensure that every reasonable precaution is taken to protect children at the service from harm and hazards that are likely to cause injury. • Ensure that the prescribed educator-to-child ratios are met at all times. • Ensure staff are able to undertake their roles effectively in relation to the administration of first aid. • Ensure staff first aid qualifications are kept up to date. • Ensure staff have access to clearly identifiable, suitably equipped and readily accessible first aid kits. • Ensure that, at a minimum, one staff member currently qualified in first aid is present, and immediately available, at the service at all times. • Ensure that, at a minimum, all designated responsible persons hold a current approved first aid qualification. • Ensure roles are clear for staff in relation to their responsibilities in the administration of first aid, notification and reporting. • On enrolment of a child, ensure a parent or guardian has given written authorisation for staff to seek emergency, ambulance, medical, hospital or dental advice or treatment, if required. • Ensure there is an induction process for all new staff that includes providing information on the location of first aid kits, specific first aid requirements and individual children's allergies and medical conditions. • Stay up-to-date with any changes in procedures for administration of first aid and ensure that all staff are informed of these changes. • Safely store confidential health and medical details on children until they reach the age of 25 years. • Notify the regulatory authority of any serious incident within 24 hours of the incident or the time that the person becomes aware of the incident. • Ensure that a parent or guardian is notified as soon as practicable if their child is involved in an incident, injury, trauma or illness. • Ensure that a next-of-kin is notified as soon as practicable if an adult is involved in an incident, injury, trauma or illness. • Ensure 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. • Ensure that staff are offered support and debriefing following a serious incident requiring the administration of first aid. • Ensure safety signs showing the location of first aid kits are clearly displayed at the service. • Ensure emergency numbers and evacuation procedures are displayed in prominent positions at the service. • Hold a current approved first aid qualification.

	<ul style="list-style-type: none"> • Maintain current approved first aid, CPR, anaphylaxis and emergency asthma management qualifications, as required. • Provide regular internal training on the administration of an auto-injection device and asthma puffers. • Read, understand, follow and enforce the organisation’s policies and procedures.
<p>Educators and Staff Members</p>	<ul style="list-style-type: none"> • Hold a current approved first aid qualification. • Maintain current approved first aid, CPR, anaphylaxis and emergency asthma management qualifications, as required. • Ensure first aid kits are clearly identifiable, suitably equipped and readily accessible. • Store first aids kits safely and out of reach of children. • Ensure a first aid kit is taken on excursions, regular outings, when transporting children, or in the event of an emergency evacuation or emergency drill. • Check the stock levels and use-by dates of the first aid kit regularly, and dispose of out-of-date materials appropriately. • Administer first aid as appropriate. • Always let children know what first aid is being performed and ask the child for permission prior to performing any first aid. • Complete an accurate and detailed incident record as soon as possible after administering first aid. • Ensure that a parent or guardian is notified as soon as practicable if their child is involved in an incident, injury, trauma or illness. • Ensure that a next-of-kin is notified as soon as practicable if an adult is involved in an incident, injury, trauma or illness. • Practice CPR, asthma and anaphylaxis management annually. • Practice administration of an auto-injection device and an asthma puffer regularly. • Ensure that all children are adequately supervised while providing first aid to another person. • Conduct a risk assessment prior to any excursion to identify risks to health, safety or wellbeing and specifying how these risks will be managed and minimised. • Ensure that volunteers and students are not responsible for administering first aid. • Read, understand, follow and enforce the organisation’s policies and procedures.
<p>Parents, Guardians and Families</p>	<ul style="list-style-type: none"> • Provide written consent via the enrolment record for staff to administer first aid and call an ambulance, if required. • Provide the required information for the service’s medication record. • Provide up to date medical & contact information in case of an emergency. • Be contactable, either directly or through emergency contacts listed on the child’s enrolment record, in the event of an emergency or an incident requiring the administration of first aid. • Provide written emergency or medical management plans, if applicable. • Upon collection of their child, read and sign the relevant incident record as requested by staff. • Communicate to staff any individual requests regarding first aid. • Feel confident that:



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	<ul style="list-style-type: none">○ their child is receiving appropriate care in the event of an incident.○ the service is a safe place for their child.○ the service is regularly monitored according to legislation requirements.○ staff have relevant training and experience in child safety, first aid and emergency management.● Pay for any costs associated with an ambulance call out.● Read, understand and follow the organisation's policies and procedures.
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SOURCES

- ACECQA – *First Aid Qualifications and Training* – October 2023
- ACECQA – *The Administration of First Aid* – July 2023
- Australian Children's Education and Care Quality Authority
- Better Health Channel – *First Aid Basics and DRSABC* – August 2014
- Children, Youth and Families Act 2005 – September 2023
- Department of Education and Training
- Early Childhood Australia Code of Ethics 2016
- Education and Care Services National Law Act 2010 – July 2023
- Education and Care Services National Regulations 2011 – July 2023
- Guide to the National Quality Framework 2018 – July 2023
- NHMRC – *Staying Healthy in Childcare* – June 2013
- Safe Work Australia – *First Aid in the Workplace Code of Practice* – May 2018
- St. John Ambulance Victoria – *First Aid in the Workplace* – April 2021
- Victorian Government – *Emergency Management in Early Childhood Services* – June 2023