First Aid Policy

Policy first issued	5 November 2025
Current review date	28 September 2026
Personnel responsible	Childcare Operations

NQS 2 Children's Health and Safety

PURPOSE AND BACKGROUND

(1) To set out how we meet the first aid needs of children in our care and staff in our workplace

(1) This policy is required under the *Education and Care Services National Regulations*. The approved provider must ensure that policies and procedures are in place for dealing with health and safety matters relating to the administration of first aid (s 168(2)(a)(iv))

(2) This policy also helps us to comply with work health and safety laws, including the First Aid in the Workplace Compliance Code

SCOPE

(3) This policy applies to:

- 'Staff': the approved provider, nominated supervisor, paid workers, volunteers, work placement students, and third parties who carry out related work at our service (e.g., contractors, subcontractors, self-employed persons, employees of a labour hire company)
- Children in our care, their parents, families and care providers
- Visitors to our service who carry out related work, including allied health support workers
- Board Members

(4) It applies to all physical environments of our service (including off-site e.g., during excursions or travel)

(5) First aid for anaphylaxis, diabetes and asthma is also covered in our Medical Conditions Policy

DEFINITIONS

(6) The following definitions apply to this policy and related procedures:

- 'Approved first aid qualification', 'approved anaphylaxis training' and 'approved emergency asthma management training' means a qualification approved by the regulatory authority

- ‘Emergency’ means an incident, situation or event where there is an imminent or severe risk to the health, safety or well-being of a person at the service (e.g., a flood, fire or a situation that requires the service premises to be locked down or other type of emergency response)
- ‘Emergency contact’ is a person who has been nominated by the child’s parent or legal guardian to be notified in case of an emergency
- ‘Emergency services’ - includes ambulance, fire brigade, police and state emergency services
- ‘First aid’ is the immediate care provided to a person who is suffering an illness or injury
- ‘Injury’ means any physical damage to the body caused by violence or an incident
- ‘Medical attention’ includes a visit to a registered medical practitioner or attendance at a hospital
- ‘Medical emergency’ means an injury or illness that is acute and poses an immediate risk to a person’s life or long-term health (e.g., a seizure, acute asthma attack, an anaphylactic response, choking or aspiration, major injuries, broken bones or lacerations, poisoning, chest pain or pressure, sustained or significant knock, serious head injury, loss of consciousness, sudden severe pain, uncontrolled bleeding, hyperventilation, fainting, difficulty breathing, coughing or vomiting blood, uncontrolled bleeding)
- ‘Parents’ includes guardians and persons who have parental responsibilities for the child under a decision or order of court
- ‘Serious incidents’ are defined in our Incident, Injury, Trauma and Illness Policy
- ‘Staff’, unless otherwise indicated, refers to approved provider, nominated supervisor, paid employees, volunteers, students, and third parties who are covered in the scope of this policy

POLICY STATEMENT

Duty of care

(7) The approved provider and nominated supervisor must take every reasonable precaution to protect children from harm and any hazard likely to cause injury (*National Law* s 167)

(8) We must support and protect each child’s health and safety, including by:

- Promoting and implementing effective illness and injury management and hygiene practices (National Quality Standard 2.1.2)
- Developing plans to manage incidents and emergencies with relevant authorities, and practicing and implementing these plans (National Quality Standard 2.2.2)

(9) The approved provider must also discharge their duty of care to staff and others at our service under work health and safety laws – including by providing first aid

First aid procedures

(10) Relevant staff must follow our first aid procedure (attached) if a child or another adult has a sudden illness, injury or trauma while they are at our service that requires the administration of first aid

(11) They must also follow any other relevant procedure related to first aid (e.g., for managing medical conditions, illnesses, injuries, emergencies, evacuations, infectious diseases, and maintaining records, authorisations, health, hygiene, work health and safety)

(12) Staff (including volunteers and students) will be given instruction and training at induction and at regular intervals as part of their ongoing training program on all the procedures they need to implement

First aid risk assessment

(13) When we are determining our first aid needs, we must consider all relevant matters to ensure that we have the right first aid equipment, facilities and training for staff

(14) The approved provider will ensure we conduct regular first aid risk assessments that cover:

- The size and location of our service (e.g., access, number of floors, distance to nearest hospital and medical service, outdoor environment)
- The number and composition of staff, children and others at the service (e.g., ratios, ages of children, medical conditions, disabilities or mobility needs, languages spoken)
- Injuries, illnesses and incidents (e.g., in the last 12 months, trends)
- Nature of the work and the nature of hazards (e.g., children's activities, manual handling, hazardous chemicals, special events, excursions, travel and transport)

(15) The risk assessments will be used to inform our procedures and decisions about additional training or competencies for staff; the number, contents and location of kits and first aid equipment; and our equipment maintenance protocols

(16) When making decisions on our first aid needs, the approved provider must consult staff, and will consult families, children and external specialists (where appropriate)

First aid training and qualifications

(17) As a minimum, the approved provider must ensure that each of the following persons is physically present - and immediately available in an emergency – at all times and at any place where children are in our care (including in off-site locations such as during excursions, travel, transport) (*National Regulations* s 136(1)):

- At least one staff member or one nominated supervisor who holds a current approved **first aid qualification**
- At least one staff member or one nominated supervisor who has undertaken current approved **anaphylaxis management training**
- At least one staff member or one nominated supervisor who has undertaken current approved **emergency asthma management training**

(18) The same person may hold one or more of the above qualifications

(19) Our service goes above the minimum requirements and ensures that all educators undertake approved current first aid, anaphylaxis management and emergency asthma management training

(20) Relevant staff will also receive regular hands-on training to administer first aid according to any specific treatment needs of adults or children in our care (e.g., for diabetes management devices such using as blood glucose meters, insulin pumps, syringes, pens or epilepsy seizure first aid)

(21) The approved provider or nominated supervisor will use ACECQA's 'qualification checker' to make sure that the qualification is an approved one

(22) The nominated supervisor will ensure that staff rosters include the minimum number of staff with current approved first aid qualifications (including for anaphylaxis and emergency asthma management)

(23) The approved provider must ensure that a record of any approved first aid training completed by a staff member is kept on their staff record (*National Regulations* s 147)

First aid training frequency

(24) First aid trained staff must attend training on a regular basis to keep their qualifications current as follows (*National Regulations* s 136(4A):

- CPR training – at least annually
- First aid qualifications – at least every three years
- Anaphylaxis management training – at least every three years
- Emergency asthma management training - at least every three years

(25) The nominated supervisor will record and track expiry/validity dates of staff qualifications, and schedule refresher training for staff when it is due

First aid kits – requirements

(26) The approved provider must ensure that our first aid kits are adequate in number for the number of children in our care, suitably equipped, and easily recognisable and readily accessible to adults, considering the design of our service (*National Regulations* s 89)

(27) Under work health and safety laws, first aid kits must be accessible to staff whenever they are they are at work – even if they are not caring for children at the time

First aid kits - contents

(28) The approved provider will use our first aid risk assessment and guidance from a reputable authority (e.g., St John Ambulance, Safe Work Australia) to inform the contents of our first aid kits

(29) Our first aid kit must:

- Not contain paracetamol (Panadol)
- Be suitably equipped having regard to the hazards at the service, past and potential injuries and size and location of our service
- Include resources for the immediate treatment of injuries, including:
    - Cuts, scratches, punctures, grazes and splinters
    - Muscular sprains and strains
    - Minor burns
    - Amputations and/or major bleeding
    - Broken bones
    - Eye injuries
    - Shock
- Be maintained in proper condition and the contents replenished as necessary
- Display emergency telephone numbers, and the name, photograph (if possible), phone number and location of the nearest first aid trained staff (or other appropriate information for those staff who have mobile workplaces)

(30) The nominated supervisor will ensure that all first aid items and equipment in our kits meet any applicable Australian Standard, are not expired, and are bought from a reputable supplier

First aid kits – design

(31) Our first aid kits will:

- Be constructed of resistant material, dustproof (can be sealed) and large enough to adequately store the required contents
- Where possible, be fitted with a carry handle and internal compartments
- Have a white cross on a green background with the words 'First Aid' prominently displayed on the outside
- Contain a list of contents (inventory)

First aid kits – location and accessibility

(32) The approved provider will ensure that our first aid kits:

- Are on hand wherever children are present, including on excursions, during travel and transport, in outdoor areas, for special events and during emergency evacuations
- Are not locked, but are kept out of reach of children
- Are accessible within two minutes of an incident (includes time required to access secure areas) and located where there is a risk of injury or illness occurring (if relevant)
- Are provided on each floor of our service where applicable
- To help people to find our first aid kits, we will display prominent, well-recognised first aid signs, which comply with AS 1319:1994 – Safety Signs for the Occupational Environment, wherever first aid kits are located

General use anaphylaxis and asthma response kits

(33) In addition to our standard first aid kits, we will keep a general use emergency kit containing medication and equipment to manage anaphylaxis or asthma attacks

(34) Our emergency anaphylaxis and asthma kits will be stored unlocked and out of reach of children

(35) It will be readily accessible to staff wherever we are caring for children, including during excursions, special events, outdoors, travel, transport and emergency evacuations - even if there are no children enrolled with these conditions

First aid kits - restocking and maintaining

(36) The nominated supervisor is responsible for ensuring that each first aid kit and general use anaphylaxis and asthma response kit:

- Contains all the required quantities of items according to its inventory list
- Items are in working order, have not deteriorated and are within their expiry dates, and that sterile products are sealed and have not been tampered with
- Are in their correct location with prominent signage
- Contents and locations are still appropriate considering our recent incident, injury, trauma, and illness data (for both children and adults)

(37) The nominated supervisor will audit:

- The first aid kits after each use and at least once every 12 months
- **T**he general use anaphylaxis and asthma kits after each use and at least once every 3 months

(38) The nominated supervisor will sign and date the inventory checklist after each audit

Other first aid equipment

(39) The approved provider will consider whether, aside from our first aid kits, any other first aid equipment is needed to treat specific medical conditions of children or staff

Emergency telephone

(40) Staff must always have access to an emergency telephone or similar form of communication to contact emergency services and parents (*National Regulations* s 89) (refer to our Emergency and Evacuation Policy)

Providing first aid information

(41) The approved provider must provide staff with relevant and accessible information about how to protect the health and safety of themselves and others at our service, including information and instructions on first aid

(42) Inductions and ongoing training for staff, volunteers and students will cover the following first aid information:

- The location of first aid kits, equipment and facilities
- The names and rooms of first aid trained educators and staff
- Our first aid policy and related procedures
- First aid needs of any children with a medical condition (as covered in their medical management plan), if relevant
- First aid needs of the staff member, volunteer or student, if relevant (note, this information will only be shared with other staff members with the person's consent, or to meet our duty of care)

(43) Information, instruction and training must also be provided if there are any changes to our first aid policy or related procedures, medical management plans of individual children, the location of first aid equipment or facilities, or to the names, location or contact details of first aid trained staff

(44) Our educational program for children will cover basic, age-appropriate first aid (e.g., common injuries; applying bandages, icepacks, band-aids; what to do in an emergency)

First aid signage

(45) The approved provider must ensure that first aid facilities and equipment are adequately signposted, and that the telephone numbers of emergency services and details to assist staff to locate first aid trained staff are displayed (names, telephone numbers, locations, and - if possible - photographs)

(46) Signs should comply with AS 1319 Safety Signs for the Occupational Environment (e.g., white cross on a green background)

(47) We will display first aid posters and instructions in prominent locations (e.g., posters and info sheets for DRSABCD action plan, CPR, ASCIA action plan for anaphylaxis, choking, burns, bites and stings, nose bleeds, electric shock etc)

(48) We will display an emergency services contact card near our phone

Reviewing first aid needs

(49) The approved provider will ensure that our first aid arrangements are regularly reviewed in consultation with staff and families at least annually and/or when there are staff or other relevant changes (e.g., relocation, renovation, new legislation)

(50) Reviews will cover:

- Our first aid procedure
- The quantity, contents and location of our first aid kits and equipment
- First aid training, skills and knowledge – whether we have enough trained staff and whether their training is current
- Whether first aid trained staff and emergency contact details are up to date
- The nature of incidents occurring at the service
- Whether we need a first aid room
- The results of risk assessments we have conducted

(51) The nominated supervisor will assess each first aid trained staff's skills and knowledge in their regular performance evaluations and, if there are gaps, arrange further training

(52) When we introduce a new activity, practice, or environment, or a new hazard is identified, the approved provider will ensure our first aid risk assessment is reviewed to confirm that our arrangements are still suitable

(53) We must rehearse our first aid procedures as part of our regular emergency and evacuation rehearsals, which must be held at least once every three months (see Emergency Management and Evacuation Policy)

(54) The approved provider will use the data we collect on incidents, injuries, traumas and illnesses to inform our first aid policy and procedures. Any serious incident or a pattern of minor incidents or injuries will trigger a review of our first aid arrangements

First aid reporting and record keeping

(55) If there is an incident, injury, trauma or illness involving a child while they are in our care, we must notify the child's parent/emergency contact, and complete an incident, injury, trauma and illness record as soon as practicable (and within 24 hours) (*National Regulations* s 87)

(56) We may also need to notify the regulatory authority and/or work health and safety regulator, depending on the circumstances (e.g., serious incidents, notifiable incidents). For details refer to our Incident, Injury, Trauma and Illness Policy

(57) If an incident involves harm or risk of harm to a child – such as physical of sexual abuse – staff must report it following our Child Protection Policy

(58) The approved provider must also ensure that we also keep a record of incidents involving staff and other adults at our service. 'Notifiable incidents' must be reported to our work health and safety regulator within a set time. For details refer to our Work Health and Safety Policy

(59) We must keep on a child's enrolment record written parental authorisation for the approved provider, nominated supervisor or an educator to seek medical treatment for the child from a registered medical

practitioner, hospital or ambulance service, and the transportation of the child by an ambulance service (*National Regulations* s 161)

(60) If we administer medication to a child, including as part of first aid, staff must complete a medication record and store it on the child's record for 3 years after the child's last day at the service. For details refer to our Administration of Medication Policy

PRINCIPLES

(61) The health, safety and wellbeing of children in our care is our number one priority, so we take every reasonable measure to protect children from harm and hazards

(62) We are well equipped to administer first aid in the event of injury or illness

(63) Staff understand their roles and responsibilities for first aid, emergency management, notifications and reporting. They have current training and first aid information at hand

(64) Our first aid kits and equipment are appropriate to our service, prominently displayed and systematically monitored and reviewed to ensure they are suitably equipped

(65) We communicate with staff, families, children and government authorities about our first aid arrangements, ensuring that everyone is informed and contributing to a safe environment

(66) Children are helped to take increasing responsibility for their health and physical wellbeing. Basic first aid is included in our education programming and planning

(67) We regularly review and update our first aid arrangements, policies and procedures to make sure they still reflect current best practices and address changed or new hazards

POLICY COMMUNICATION, TRAINING AND MONITORING

(68) This policy and related documents can be found in team, in our foyer via QR code.

(69) The approved provider and nominated supervisor provide information, training and other resources and support regarding the First Aid Policy and related documents

(70) All staff (including volunteers and students) are formally inducted. They are given access to, review, understand and formally acknowledge this First Aid Policy and related documents

(71) The nominated supervisor runs a professional development program for each staff member, which covers this policy and related procedures

(72) Roles and responsibilities are clearly defined in this policy and in individual position descriptions. They are communicated during staff inductions and in ongoing training

(73) The approved provider and nominated supervisor monitor and audit staff practices and address non-compliance. Breaches of this policy are taken seriously and may result in disciplinary action against a staff member

(74) At enrolment, families are given access to our First Aid Policy and related documents

(75) Families are notified in line with our obligations under the *National Regulations* when changes are made to our policies and procedures

LEGISLATION (OVERVIEW)

Education and Care Services National Law and Regulations

Law	Description
s 165	Offence to inadequately supervise children
s 167	Offence relating to protection of children from harm and hazards
s 174	Offence to fail to notify certain information to Regulatory Authority
Regulations	
ss 85 - 89	Incidents, injury, trauma and illness
ss 90 - 91	Medical conditions policy
ss 92 - 96	Administration of medication
ss 97 - 98	Emergencies and communication
ss 99 - 102	Collection of children from premises and excursions
s 136	First aid qualifications
s 160	Child enrolment records to be kept by approved provider and family day care educator
s 161	Authorisations to be kept in enrolment record
s 162	Health information to be kept in enrolment record
s 168	Education and care services must have policies and procedures
s 170	Policies and procedures to be followed
s 171	Policies and procedures to be kept available
s 172	Notification of change to policies or procedures
s 175	Prescribed information to be notified to Regulatory Authority
s 176	Time to notify certain information to the Regulatory Authority
s 177	Prescribed enrolment and other documents to be kept by the approved provider

ss 181 ,183 - 184	Confidentiality and storage of records

Other applicable laws and regulations

Name	Description
Work health and safety legislation	Describes the primary duty of care to people in the workplace
Privacy Act 1988	Principal act governing the handling of personal information
State/territory based child safety and child protection legislation	Covers child safe standards/principles, reporting obligations, preventing harm or risk of harm to children
State/territory-based health laws, including health records	Covers exclusion periods for infectious diseases, notifications and record keeping requirements

National Quality Standard

Standard / Element	Concept	Description
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 hazards
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect
3.1	Design	The design of the facilities is appropriate for the operation of a service
3.1.2	Upkeep	Premises, furniture and equipment are safe, clean and well maintained
7.1.2	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service that is child safe

Early Years Learning Framework (EYLF) V2.0 / Victorian Early Years Learning and Development Framework

Outcome	Key component
3: CHILDREN HAVE A STRONG SENSE OF WELLBEING	• Children become strong in their social, emotional and mental wellbeing • Children become strong in their physical learning and wellbeing • Children are aware of and develop strategies to support their own mental and physical health and personal safety

National Principles for Child Safe Organisations

Most relevant principles
Families and communities are informed and involved in promoting child safety and wellbeing
Processes to respond to complaints and concerns are child focused
Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training
Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed

RELATED DOCUMENTS

Key Policies	Child Safe Environment Policy | Child Protection Policy | Cleaning, Health and Hygiene Policy | Work Health and Safety Policy | Enrolment Policy | Medical Conditions Policy | Sand Pit Policy | Governance and Management Policy | Dealing with Infectious Diseases Policy | Staffing Arrangements Policy | Excursions Policy | Transport Policy | Incident, Injury, Trauma and Illness Policy | Safe Arrival of Children Policy | Sleep and Rest Policy | Emergency Management and Evacuations Policy | Immunisation Policy | Recruitment, Induction and Training Policy | Administration of Medication Policy | Authorisations Policy
Procedures	Roles and Responsibilities – First Aid (attached) | First Aid Procedure (attached) |First Aid Kit Procedure (attached) | Incident, Injury, Trauma and Illness Procedures including: Standard Incident Notification and Record Keeping Actions, Medical Emergencies Procedure, Managing an Unwell Child | Emergency and Evacuation Plan and Procedures (in Emergency and Evacuation Policy) | Excursion Procedure | Transport Procedure | Safe Arrival of Children Procedure (in Safe Arrival of Children Policy) | Notifiable incident reporting and record keeping (Work Health and Safety Policy)
Resources	St John Ambulance fact sheets in English and other languages

SOURCES

Education and Care Services National Law and Regulations | National Quality Standard | Model Code of Practice: First Aid in the Workplace | Compliance code: First aid in the workplace (Victoria) | Staying Healthy 6th edition NHMRC | Work Health and Safety laws | Public health laws | Child Safety laws and principles | St John Ambulance and Australian Red Cross resources | Kidsafe Australia | ACECQA Administration of First Aid Policy and Procedure Guidelines

POLICY INFORMATION

Approval Operations Team

Review

Reviewed annually and when there are changes that may affect this policy or related procedures. The review will include checks to ensure the document reflects current legislation, continues to be effective, or whether any changes and additional training are required

Reviewed: **September 2026**

Date for next review: **September 2027 or as required**

APPENDIX A

ROLES AND RESPONSIBILITIES – First aid

Approved provider responsibilities (not limited to)
Ensure our service meets its obligations under the *Education and Care Services National Law* and *Regulations,* including to take every reasonable precaution to protect children from harm and hazards likely to cause injury
Ensure that our service's governance, management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for first aid are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines
Ensure this First Aid Policy and related procedures are in place and available for inspection
Take reasonable steps to ensure our First Aid Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)
Ensure that we meet the minimum requirements described in this policy for the number of first approved current aid trained staff (including staff who have undertaken current approved anaphylaxis training and current emergency asthma management training)
Ensure a record of training is kept on the nominated supervisor and relevant staff members' record
Ensure risk assessments are conducted to identify and assess any risks related to first aid, in line with regulations and our policies and procedures. Risk assessments must specify how the risks will be managed and minimised. They must be communicated to staff, recorded and available for inspection
Ensure our first aid kits, equipment and facilities are monitored, accessible and prominently displayed, suitably equipped, and adequate in number for the size and scope of our service. Ensure staff (incl. volunteers and students) know where the kits are kept and that emergency services contact cards, and the names, locations and telephone numbers of first aid trained staff are prominently displayed with first aid kits and telephones
Ensure we meet our work health and safety obligations for first aid, including to provide immediate and effective first aid to staff and others who are injured or have become ill at our service, to report notifiable incidents, and to record incidents of first aid administered in the workplace
Ensure staff follow our policies and procedures record keeping and incident notifications

Regularly review this First Aid Policy and related procedures in consultation with children, families, communities and staff
Notify families at least 14 days before changing this First Aid Policy if the changes will: affect the fees charged or the way they are collected; or significantly impact the service's education and care of children; or significantly impact the family's ability to utilise the service

Nominated supervisor / persons in day-to-day charge responsibilities (not limited to)
Ensure our service meets its obligations under the *Education and Care Services National Law* and *Regulations,* including to take every reasonable precaution to protect children from harm and hazards likely to cause injury
Support the approved provider to ensure that our service's management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for first aid are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines
Implement this First Aid Policy and related procedures
Take reasonable steps to ensure our First Aid Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)
Support the approved provider to meet the minimum requirements for first approved current aid trained staff (including staff who have undertaken current approved anaphylaxis training and current emergency asthma management training). Support the approved provider to maintain records of training on staff records. Ensure that the minimum number of first aid trained staff are rostered on, including for excursions, transport and travel, special events etc
Support the approved provider to conduct risk assessments to identify and assess any risks related to first aid, in accordance with regulations and our policies and procedures. Risk assessments must specify how the risks will be managed and minimised. They must be communicated to staff, recorded and available for inspection
Monitor and review our first aid kits, equipment and facilities to ensure they remain accessible and prominently displayed, suitably equipped, and adequate in number for the size and scope of our service. Tell staff (incl. volunteers and students) where the kits are kept and display emergency services contact cards, and the names, locations and telephone numbers of first aid trained staff with first aid kits and telephones
Support the approved provider to meet our work health and safety obligations for first aid, including to provide immediate and effective first aid to staff and others who are injured or have

become ill at our service, to report notifiable incidents, and to record incidents of first aid administered in the workplace
Implement our policies and procedures for record keeping and incident notification
Contribute to policies and procedure reviews and risk assessments and plans in consultation with children, families, communities and staff. Support the approved provider to notify families of reviews and changes according to legislation and our policies and procedures

Educator / other staff responsibilities (not limited to)
Follow this First Aid Policy and related procedures, including for the administration of first aid, incident, injury, trauma or illness, cleaning and hygiene, medical emergencies, safety checks, administration of medication, managing sick children, exclusion recommendations and periods, and emergency responses
Only administer first aid if you are trained and it is safe to do so. Call 000 if the situation is serious
Notify parents and complete an incident, injury, trauma and illness record as required as soon as practicable and within 24 hours
Notify the nominated supervisor or approved provider as a matter of urgency of any serious incidents involving children
Be aware of and use the risk assessment to eliminate/minimise risks and ensure the safety, health or well-being of children. Report any concerns or new/changed risks to the nominated supervisor (via your room leader / supervisor as appropriate)
Keep your training, skills and knowledge for child safety and wellbeing (including, where relevant, first aid, medication administration, emergency and evacuation procedures) up-to-date
If you use supplies in a first aid kit, notify the nominated supervisor so they can be restocked
Make sure you have access to a first aid kit and our general use emergency anaphylaxis and asthma kit readily at hand anywhere you are working (on site and off-site), including on excursions, while transporting or travelling with children, or during special events
Contribute to policy and procedure reviews and risk assessments and plans

Families responsibilities (not limited to)
Keep your contact details up-to-date. Keep your emergency contact list up-to-date
Be contactable and collect the child as soon as possible from the service when notified of an incident, illness, trauma or injury to the child

Collect your child – or have an authorised emergency contact collect your child - as soon as possible and within 1 hour if they become ill or injured while at our service
Provide authorisations in your child's enrolment form for our service to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and, if required, transportation by an ambulance service
Notify our service about any medical conditions, health needs or allergies in your child. Keep us up to date if there are any changes to your child's health or medical conditions (see Medical Conditions Policy and Dealing with Infectious Diseases Policy)

APPENDIX B

PROCEDURE – First aid

When to use this procedure

- When a child, staff member (including volunteers and students) or visitor experiences an illness, injury, trauma or medical episode that requires first aid, e.g:
    - Incidents involving visible injury, significant pain, illness, or physical trauma
    - Medical episodes such as allergic reactions, asthma attacks, seizures, fainting or breathing difficulties
    - Dental accidents or injuries
    - Minor injuries (e.g. cuts, bruises, sprains) that require assessment and first aid
    - Unresponsive individuals or those showing signs of serious illness or distress

NOTE:

- For medical emergencies relating to asthma, anaphylaxis, epilepsy and diabetes staff must also follow our Medical Conditions Policy
- For administering medication during an emergency, staff must also follow our Administration of Medication Policy

Only staff members who have a current approved first aid qualification should administer first aid, and only if it is safe to do so. However, untrained staff can offer basic help in an emergency

1. Identify, assess and immediately respond to any situation requiring first aid
2. Remove or control any immediate hazards, and take any other protective measures for yourself and others (if safe to do so)
3. Follow DRSABCD action plan - DANGER, RESPONSE, SEND FOR HELP, AIRWAY, BREATHING, CPR, DEFIBRILLATE
4. If a child or adult is in immediate danger, call 000 for an ambulance and implement relevant emergency procedures (e.g., managing a medical emergency, emergency management or evacuation)
5. Respond to the needs of the child or adult according to:
    - Your training - do not act above your first aid qualifications or competence
        - Any medical management plans in place
6. Ensure that all children are adequately supervised at all times
7. Inform the nominated supervisor as soon as is practicable and urgently if the matter is serious
8. Reassure the injured or ill person. Keep them calm and as comfortable as possible
9. Move person to a quiet comfortable area if appropriate

10. Administer the appropriate first aid based on your training and the circumstances – follow St John Ambulance First Aid Fact Sheets https://stjohn.org.au/first-aid-facts, if relevant (see list of current fact sheets at end of this procedure)
11. Do not give food, drink or medication unless authorised and appropriate. Note, staff are authorised to administer medication to children who are experiencing anaphylaxis or an asthma attack
12. Wear disposable gloves if there is a risk of contact with bodily fluids
13. Practice hand and respiratory hygiene and clean up any body spills according to our body spills procedure (in our Health, Hygiene and Cleaning Policy)
14. Stay with the person, continually monitoring and reassuring them, until they are stable or emergency services arrive
15. Note the time and the nature of all the first aid actions you take
16. Notify the child's parent/emergency contact or the adult's emergency contact:
    - Immediately if emergency services have been called or the child or adult needs medical attention from a registered medical practitioner
    - Immediately if the child needs to be collected from our service, in which case ask the parent/authorised nominee to collect the child within 1 hour, or
    - Otherwise, as soon as practicable and on the same day (must be within 24 hours)
17. Tell the parent/emergency contact what has happened, what we did in response and whether the child should see a doctor
18. Complete an incident, injury, trauma and illness record without delay (must be within 24 hours)
19. Nominated supervisor and approved provider must follow our standard actions for incident notifications and records (in our Incident, Injury, Trauma and Illness Policy), including:
    - Notify the regulatory authority and any other relevant authorities, where applicable (e.g., serious incidents or allegations of serious incidents) and within the set period of time
    - Record in the incident, injury, trauma and illness register
    - Keep records on the child's enrolment record and store securely until the child is 25 years old, or 45 years if it relates to child abuse
20. Tell the nominated supervisor which first aid products were used during the incident so they can be restocked
21. Clean up following our Health, Hygiene and Cleaning procedures, except where we may be required to preserve a site pending investigations by police or the work health and safety regulator – in which case, cordon off the site, do not clean and do not allow unauthorised access
22. Nominated supervisor must follow our first aid kit procedure
23. Approved provider must ensure that risk assessments and first aid arrangements are reviewed in consultation with staff and families according to our First Aid Policy

The following St John Ambulance first aid fact sheets are available to download at https://stjohn.org.au/first-aid-facts:

DRSABCD Action Plan | AED maintenance checklist | Anaphylaxis - using an Anapen | Anaphylaxis - using an EpiPen | Asthma attack | Bat bites and scratches | Bites and stings | Burn or scald | Choking adult / child (over 1

year) | Choking infant (under 1 year) | Concussion | CPR adult | CPR infants | Diabetic emergency | Dog bite | Electric shock | Epileptic seizure | Eye injuries | Fainting | Febrile convulsion | First aid kits | Fracture and dislocation | Frostbite | Heart attack | Heat-induced illness | How to handwash | Hypothermia | Nosebleed | Poisoning | Recovery position | Rescuing a drowning person | Severe bleeding | Shock | Smoke or embers in eyes | Snake bite | Spider bites | Spinal and neck injury | Sprain and strain | Stroke | Vertigo (dizziness)

The Australian Red Cross has a first aid fact sheet for someone with a tick bite

available at https://www.redcross.org.au/firstaid/basics/ including:

The Australian Dental Association has first aid information for dental accidents and injuries available at https://teeth.org.au/dental-trauma

ASCIA's First Aid Plan for Anaphylaxis is available to download at https://www.allergy.org.au/hp/anaphylaxis/first-aid-for-anaphylaxis

National Asthma Council of Australia factsheet for an asthma attack is available to download at https://www.nationalasthma.org.au/asthma-first-aid

APPENDIX C

PROCEDURE – First aid kits

When to use this procedure

- When preparing new first aid kits
- When checking and monitoring existing first aid kits
- When restocking first aid kits
- When evaluating and reviewing existing first aid kit arrangements and contents

The nominated supervisor or a nominee is responsible for implementing this procedure, but the approved provider is ultimately responsible for ensuring our first aid kits meet our legal obligations under the *National Regulations* and work health and safety laws

1. Conduct a risk assessment to determine arrangements for first aid kits, including:
    - How many we need considering the size and layout of our service, and the number and profile of our children and staff
    - The type of supplies we are likely to need in each kit considering the types of injuries or illnesses that might occur at our service
    - The location of each kit
    - What signage we need
    - How staff (including volunteers and students) will access the kits
2. Prepare a first aid contents checklist for each kit
    - Use guidelines from reputable authorities such as Safe Work Australia's 'First Aid in the Workplace Code of Practice'
    - Assess whether first aid kits need to include resources to treat outdoor injuries such as insect, plant stings, snake bites
    - Make sure to adapt the kits to our specific needs, but each one must contain resources for the immediate treatment of injuries, including:
        - Cuts, scratches, punctures, grazes and splinters
        - Muscular sprains and strains
        - Minor burns
        - Amputations and/or major bleeding
        - Broken bones
        - Eye injuries
        - Shock
    - Also include instructions for providing first aid, incl. CPR flow chart
    - Do not include paracetamol (Panadol) or aspirin
3. Also prepare a general use anaphylaxis and asthma emergency kit checklist including:
    - Adrenaline injectors (Anapen and EpiPen) and an ASCIA First Aid Plan for Anaphylaxis

- Asthma reliver medication, volume spacer devices, compatible children's face masks (to use on small children), asthma first aid instructions

4. Source kit supplies
    - Purchase items from reputable supplier to ensure the standard of products
    - Check sterile items are intact and sealed, and that items with expiry dates are still current
5. Ensure the design and construction of the kits are appropriate
    - Constructed of resistant material, dustproof (can be sealed) and large enough to adequately store the required contents
    - Where possible, fitted with a carry handle and internal compartments
    - Have a white cross on a green background with the words 'First Aid' prominently displayed on the outside
    - Contain a list of contents (inventory)
    - Photos, names, locations and telephone numbers of first aid trained staff
6. Determine the location of the kits based on our service's specific needs
    - There should be at least one kit on each floor of multi-level services, but more may be required depending on the number of children and staff per floor
    - Include a kit in any work vehicle, including buses
    - Ensure we have a kit available for excursions, special events, outdoor activities, transport, travel, emergencies and evacuations
7. Ensure kits are accessible and prominently displayed
    - Not locked away
    - Readily accessible to adults, but out of reach of children
    - Alert people to each kit's location by displaying an easily recognisable sign that complies with AS 1319:1994 – Safety Signs for the Occupational Environment
8. Display first aid signs, instructions, and contact details for first aid trained staff and emergency services
    - Emergency services contact card near a phone line
    - Names, telephone numbers, location, and photographs (if possible) of all first aid trained staff
    - Display first aid posters and instructions in prominent locations (e.g., posters and info sheets for DRSABCD action plan, CPR, ASCIA action plan for anaphylaxis, choking, burns, bites and stings, nose bleeds, electric shock etc)
    - Signs should comply with AS 1319 Safety signs for the occupational environment (e.g., white cross on a green background)
9. Remind staff to notify the nominated supervisor after first aid products have been used so kits can be restocked
10. Diarise audits of the contents and location of first aid kits as follows:
    - First aid kits after each use and at least once every 12 months
    - General use anaphylaxis and asthma kits after each use and at least once every 3 months
11. When auditing, check each first aid kit and general use anaphylaxis and asthma response kit:
    - Contains all the required quantities of items according to its inventory list
    - Items are in working order, have not deteriorated and are within their expiry dates, sterile products are sealed and have not been tampered with

- Is in its correct location
- Contents and locations are still appropriate considering our recent incident, injury, trauma, and illness records
- Sign and date the inventory checklist list after each audit

12. Safely dispose of expired/unsterile products - e.g., medicines through the 'Return of Unwanted Medicines' program; other items place in bag, tie and place in outside bin which children cannot access