

FIRST AID POLICY

Quality Areas: NQS 2 – Children’s Health and Safety

Policy Owner: Safety and Compliance



1.0 Introduction and Purpose

First aid is a vital component of ensuring the health, safety, and wellbeing of all children and adults in our centres, with the safety, rights, and best interests of children as the paramount consideration.

All team members share responsibility for responding promptly and appropriately when a child or adult becomes unwell or injured. This policy provides clear guidance on assessment, immediate action, and the provision of care, including when to seek medical assistance and how to maintain a safe environment.

Accurate documentation of all incidents and first aid actions support transparency, effective communication with families, regulatory compliance, and continuous improvement in practice.

2.0 Who does this policy apply to:

All Team Members, Children and Visitors

3.0 What is our Policy:

3.1 Legal Protections for First Aid Officers

First Aid Officers will act in good faith, within the scope of their training, and during their duties. First-aid administered will be consistent with training undertaken. Team members will not be held legally liable, including for negligence, for any act or omission when providing approved first aid treatment.

3.2 Medical Management Plans

Parents/guardians of children with known medical conditions must provide written medical management plans and consent for implementation, including first aid instructions for emergencies. These plans must be developed in consultation with a registered medical practitioner and provided to the centre. These medical management plans will be implemented when a child experiences symptoms consistent with the plan. For more specific information about medical conditions please refer to the *Medical Conditions Policy*

3.3 First Aid Kits and Resources

All centres and support offices will be provided with First-aid kits that are sufficient to resource the number of children and adults and the physical layout of the building. Refer to the *First Aid Kit Checklist* for quantity of items for a full First Aid Kit.

First Aid Kits and supplies can be purchased on Marketplace.

3.4 First Aid Kit requirements for Centres

To ensure timely and effective response to injuries or medical emergencies, the following First Aid kit provisions must be in place:

[First-aid Kit provisions](#)

- a. Each room should contain a supply of commonly used First Aid items or a small First Aid kit
- b. Multi-storey centres must have a fully stocked First Aid kit located on each level
- c. Large single-storey centres (over 100 places) should have at least two fully stocked and clearly signed First Aid kits accessible to adults, positioned at opposite ends of the centre
- d. Centres with less than 100 places (depending on layout) must have at least one fully stocked and clearly signed First Aid kit, accessible to adults

Portable First Aid Kits

A portable, fully stocked First Aid kit must be available for use during excursions, outings and evacuations. The contents of this portable kit must, at a minimum, meet the requirements outlined in the *First Aid Kit Checklist*

Maintenance and Documentation

The location, checking process, and restocking procedures for all First Aid kits must be documented in the centres risk assessment.

All first-aid kits must be accessible to team members and their location clearly identified by the display of the symbol of a white cross on a green background. Where a first-aid kit is stored in a cupboard the symbol must be displayed visibly on the cupboard door.

3.5 First Aid Kit requirements for Support Offices and Working from home

A fully stocked first aid kit will be available at each Support Office and must be checked quarterly using the *First-aid Kit Checklist* to ensure that it is adequately stocked

Those persons working from home and travelling in their cars between centres should have an appropriate first-aid kit that meets their circumstance i.e. a home first-aid kit for those people working at home. It is highly recommended that team members have a first-aid kit in their vehicle.

3.6 Infection Control

Infection control measures, including personal protective equipment (PPE) such as gloves must be used when administering first aid or cleaning bodily fluids.

Each centre must have a sharps container for safe disposal of sharps. This must be kept inaccessible to children, at all times. After use, the centre must dispose of any sharps container as *per Sharps Handling Procedure*.

3.7 Administration of Medication as part of First aid

A child or team member may require medication as part of first aid in response to a medical emergency due to experiencing signs or symptoms as part of a diagnosed medical condition.

Medication should be administered in accordance with their *Medical Management Plan* or instructions provided by a medical practitioner. For children, this administration of medication will be recorded on the *Medication Record*. When medication is administered to team members, such as an EpiPen, in situations where the individual is unable to self-administer, the details of the administration must be recorded in our incident reporting system (e.g. BeSafe).

3.8 Self-Administration of Medication

Children over preschool age may be permitted to self-administer medication, provided specific requirements are met. The child must have previously been prescribed or administered the medication and be capable of safely and



accurately administering it. Written authorisation must be obtained from a parent or authorised person, specifying which medication the child is permitted to self-administer that is kept on the child's enrolment file.

Where a child's medical condition may affect correct administration, a team member will administer the medication on the child's behalf. Any child self-administering medication must be directly supervised by a team member at all times. The supervising team member is responsible for recording in the child's medication record that self-administration has occurred.

3.9 First Aid Qualifications and Training

When children are present there will be at least one educator rostered on during all operating hours with a current approved first aid qualification that includes CPR training, approved anaphylaxis and emergency asthma management training.

It is recommended that all educators hold a current and approved first-aid qualification. All Responsible Persons, Lead Educators and members of the Centre Leadership Team must be First aid trained. In centres that are multi-storey first-aid trained educators must be in place on all floors. Guardian will fund first-aid expenses for all persons **required** to hold first-aid training and where possible we recommend first-aid training occur during paid team meetings or at the discretion of the Centre Manager.

A Centre Manager may approve additional educators to undertake funded first aid training based on risk. This could be in relation to a child or adult with a specific medical condition. Where, as part of the risk management strategy for that child, it has been identified that additional first aid trained educators are required, this will be documented on the child's *Risk Minimisation and Communication Plan*. See the *Medical Conditions Policy* and *Enrolment Decisions Policy* for more information.

All team members in a centre must be aware of who is trained in First Aid. This may be displayed on their *Team Profile Card*.

At least one educator with current recognised first-aid qualifications (including CPR, Anaphylaxis and asthma) must attend any excursion or outing. The number of educators with current recognised first-aid qualifications required to attend the excursion, or outing will be based on risks during the event. Where groups are expected to separate during an excursion/outing for any period of time, the centre must ensure that a First Aid trained team member is available to administer first aid as part of the planning process. This should be documented on the *Excursion and Routine Outing Risk Assessment Form*. For Further information review the *Excursion and Regular Outing Policy*.

Note: NSW Centres

Bookings for First Aid Training is managed on the Guardian Way Learning and Events page.

Support Office

At least one team member in the support office will be first aid trained, and their name and photo will be displayed in the team room or kitchenette using the *Team Profile Card*.

3.10 Records and Notifications

Copies of qualifications will be stored in Team Member Record Folders and uploaded to Human Force and transferred to the Educator Register.

Team members who hold current first-aid qualifications will have this qualification documented on their *Team Profile Card* that is displayed in the foyer area and in/near their room.

3.11 High Temperatures

First-aid will be administered to children with high temperatures in accordance with current first-aid recommendations. Where first aid does not reduce the temperature and it remains high, the family will be notified and advised to collect.

For specific information about high temperatures review the *Illness Policy*.

3.12 Communication with Families

Parents/guardians or authorised persons will be informed about any first aid provided to their child as soon as practicable, and on the same day.

Within 24 hours of an incident at the centre where medical attention was recommended or sought, a follow-up conversation will occur, either initiated by the centre or by the family, to confirm any diagnosis, treatment provided or exclusion requirements. The outcome of this conversation will be documented in the BeSafe record ASAP (as further information may trigger a notification requirement with a Regulatory Authority).

3.13 Return to Care Plan

A Return to Care Plan is to be completed for a child who has sustained an injury/illness/condition that is likely to resolve in 12 weeks and will require changes to centre programs or activities such as a broken bone or surgery. A Return to Care (RTC) Plan is completed by the Centre Manager or a person acting in their capacity (Responsible Person) in consultation with the parent/guardian and based on any recommendations provided by medical professionals. This is stored with the child's enrolment form and understood by the child's educators.

If this exceeds 12 weeks or requires long term changes to care, then the *Enrolment Decisions Policy* and *Medical Conditions Policy* should be reviewed.

Where a return to care plan relates to a team member, the Centre Manager will work with the Return-to-Work Team.

3.14 Team Members

If a team member returns to work following a work-related injury or illness that affects their ability to perform certain tasks, such as lifting, carrying, or changing nappies, they should refer to the '*Injured at Work*' poster and contact our Return-to-Work team for further support.

3.15 Calling an ambulance Educators will call an ambulance, when required as part of a first-aid plan. Parents' / Guardians permission for urgent medical attention including an ambulance is obtained on the *Enrolment Form* and is not required during a medical emergency.

Families will be notified of any incident, including when an ambulance is called as soon as practicable and once the child's or team members condition is stabilised. Educators will make every endeavour to call the family immediately after the ambulance is called, however the health and well-being of the child and Team Member is the main priority and will be managed in the first instance.

Examples of when ambulances will be called (but are not limited to):

- Chest pain or tightness
- Sudden weakness, numbness, or paralysis
- Difficulty breathing or unresponsiveness
- Uncontrolled bleeding or severe burns
- Seizures or convulsions in infants

- High fever unresponsive to cooling methods

For more detail refer to the Safety Share entitled *First Aid Responses and Calling an Ambulance*.

3.16 Safety Data Sheets (SDS)

SDS for chemicals must be dated within the last 5 years and accessible for emergencies. Team members must know their location to reference first aid instructions. The SDS should be referred to for first aid treatment e.g. swallowed, gets into the eyes, comes into contact with the skin.

3.17 Display of Emergency Phone Numbers

Emergency Phone Numbers poster will be completed in full and displayed next to each phone or in the case of cordless phones in the room, in a place that is easily accessible and available for all team members.

Emergency Phone Numbers poster will also be displayed in adult areas such as the kitchen, team room, planning room, family room and in administration spaces. The location of emergency phone numbers will be documented on the centre risk assessment.

Centres may use their own version of this poster however it must detail at a minimum the phone numbers on this poster as well as the supporting information.

3.18 Post First-aid Support

Where first aid is provided to serious and critical incidents and / or where team members are adversely affected by this incident, Employee Assistance EAP will be offered to all impacted families and team members.

4.0 Responsibilities

The Approved Provider will:

1. Ensure course codes of the recognised first aid qualifications of team members that meet the requirements of the National Law and Regulations are provided to our centres to ensure approved first-aid courses are completed
2. Make available funding to ensure centres and support offices have fully equipped first aid kits (including portable first aid kits) that meet the Code of Practice, Australian Standards and the specific needs of the centre
3. Ensure documentation reflects that a Be Safe Notification must be developed for each incident including those where first aid is administered
4. Ensure that the induction process for all new team members (including casual educators and support office team members), includes providing information on the location of first aid kits and specific first aid requirements
5. Communicate any change in policy or procedure where it impacts the administration of first aid

Support office team members will:

1. Ensure that they assess first aid risks associated with home-based work, including the likelihood of minor injuries (e.g., slips, trips, ergonomic injuries, burns, or cuts)
2. Ensure they have access to appropriate first aid equipment, information, and emergency contacts
3. Maintain a safe home-work environment, including ergonomic setup, clear walkways, and safe electrical use
4. Ensure a *Be Safe* report is completed for any work injury where first aid assessment or treatment is undertaken
5. Ensure they have a charged phone available during working hours.
6. Know how to contact emergency services (000) if immediate help is required
7. Have access to a mobile phone and it is recommended to have access to a first aid kit If conducting regular travel between centres or sites

Centre Manager (Nominated Supervisor) will:

1. Ensure a BeSafe incident report is completed for all incidents where first aid assessment or treatment is undertaken. The BeSafe incident report will be completed in accordance with the *Incident Management Policy*
2. Ensure that an appropriate number of first aid kits are kept as outlined in this policy
3. Ensure that a team member fully checks first aid kits, at least quarterly, using the *First aid Kit Checklist* and that items are replaced after use
4. Oversee the development of Return-to-Work Plans for children with acute injuries and work with the Return-to-Work team when a plan is required for a team member. Ensure that all work adjustments are implemented as per the plan.
5. Ensure that adequate and appropriate Personal Protective Equipment is available at the centre to support first-aid
6. Ensure first aid signs showing the location of first aid kits are clearly displayed at the location of the first aid kit
7. Ensure that emergency phone numbers are on display that includes information about emergency services
8. Ensure that at least one team member with a current first aid qualification attends excursions or regular outings. The number of team members with first-aid training who attend an excursion or outing should be based on risk including the number of children attending, the number of children with medical conditions and the complexity of excursion being proposed
9. Ensure a fully stocked portable first aid kit is taken on all excursions and other off-site activities, (including individual children's medical management plans and medication)
10. Ensure that families understand how medical incidents are managed and that first-aid is administered in response to incidents that may include calling an ambulance
11. Ensure that there is sufficient Team Members rostered to meet policy requirements and that processes are in place to ensure that they maintain current first-aid certificates
12. Practice medical events as part of the emergency management drills
13. Ensure that accurate records are maintained that indicate which team members hold current first-aid certificates. Ensure that this information is uploaded to

It is recommended that that **Centre Managers (Nominated Supervisors)** will:

1. Follow up with families where first aid has been administered to understand what and if further treatment was required and any diagnosis
2. Keep accurate and current records of children's medical conditions and make this information available to relevant team members to guide appropriate care and first aid responses

4.4 Team Members will:

1. Ensure that if they are identified to require an approved first aid certificate that this remains current, and a copy is provided to the Centre Manager
2. Will use personal protective equipment supplied such as gloves, as required and ensure that these are disposed of safely after use
3. Provide first aid in accordance with their knowledge, skills and training
4. Implement risk minimisation and emergency management strategies of children/team members at the centre with a diagnosed medical condition as listed in their *Risk Minimisation and Communication Plan* and or *Risk Assessment*
5. Report all incidents and hazards to their manager as soon as is practicable and ensure the environment is made safe
6. Ensure that families are notified as soon as practicable or within 24 hours of any incident, injury or illness
7. Complete relevant records on BeSafe in accordance with the *Incident Management Policy*

4.5 Families will:

1. Ensure that current contact information is available at the centre so that contact can be made in case of an emergency or injury
2. Collect or make arrangements to collect their child in response to an incident, injury or illness

3. Inform Team Members of any existing medical condition or change to a medical condition as it becomes available
4. Provide the centre with a current *Medical Management Plan* outlining signs and symptoms, and steps to take in response to those symptoms. Also ensure that any prescribed medication as part of that plan is provided in its original container with instructions and the children’s full name
5. Agree to pay the costs of any medical response or treatment required as part of the first-aid plan as determined by the centre e.g. the cost of calling of an ambulance
6. Respond to requests and provide timely information on current or updated condition, family and medical consent documents, and consent for actions in an emergency
7. Ensure that they engage with the centre to develop a *Return to Care Plan* and adhere to the plan developed to ensure the safety and well-being of their child and the other children
8. Adhere to any requirements identified in accordance with the *Enrolment Decisions Policy* and *Medical Conditions Policy*

5.0 Definitions

Approved First Aid training means a recognised ACECQA first aid qualification delivered by the approved Guardian first aid provider. Training includes initial and ongoing refresher training

First Aid is the immediate treatment or care given to a person suffering from an injury or illness until more advanced care is provided or the person recovers

First Aid equipment includes first aid kits and other equipment used to treat a person’s injuries and illnesses

6.0 Tools and Resources

<p>The most important documents I need are:</p> <ul style="list-style-type: none"> First Aid Checklist Incident Management Policy Medical Conditions Policy Excursion and Routine Outing Policy Illness Policy Return to Care Plan 	<p>Other supporting documents will include:</p> <ul style="list-style-type: none"> First Aid Sticker Administration of Medication Procedure
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7.0 Additional Information

- [First Aid Guardian Way page](#)
- [First aid in the workplace – Code of Practice](#)
- [First aid in the workplace – Compliance code \(Vic only\)](#)
- [Australian Resuscitation Council](#)
- [ACECQA First Aid qualifications and training](#)
- [Safe Disposal of Sharps | Diabetes Australia](#)

8.0 Source

Act Section 165 Offence to in adequately supervise children
 Act Section 167 Offence relating to protection children form harm and hazards Regulation
 85 Incident, Injury, Trauma and Illness policies and procedures
 Regulation 87 Notification to parents if incident, injury, trauma and illness Regulation 89 First Aid Kits Regulation 136
 First Aid Qualification Regulation 137 Approval of qualifications
 Regulation 168 – Education and care services must have policies and procedures
First Aid in the Workplace Code of Practice 2021

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