

FIRST AID POLICY

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

Policy Owner: Safety and Compliance

Why this is
important

1.0 Introduction and Purpose

First aid is essential to saving lives, preventing injuries from worsening, and supporting recovery. In our centres, team members have a responsibility to actively ensure the health and safety of every child.

We are committed to providing clear, practical guidelines to support our team in delivering first aid effectively. This includes:

- Assessing the situation to understand the injury or illness
- Taking immediate action with a response plan
- Stabilising and comforting the person who is ill or injured
- Calling for medical assistance if needed
- Monitoring the person's condition during recovery
- Applying additional first aid if their condition does not improve
- Ensuring the environment remains safe for everyone
- Recording details of the incident and the actions taken
- By following this policy, we aim to create a safe and supportive environment for children and team members.

2.0 Who does this policy apply to:

All Team Members, Children and Visitors

3.0 What is our Policy:

3.1 Legal Protection 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 and Medical Conditions Procedure*.

3.3 First Aid 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 Full First Aid Kit. First Aid Kits and supplies can be purchased on Marketplace.

Each room should have a supply of commonly used first aid items or a small first-aid kit and there should be a full first aid kit on each level of a multi-storey centre. For large single storey centres over 100 places there should be at least two fully stocked first-aid kits at either end of the centre. Additionally, there should be a portable full first-aid kit that is available to be taken on excursions, outings and during evacuations. The contents of a portable full first-aid kit will contain, at a minimum, the *First-aid Kit Checklist requirements*.

The location and process to check and restock the first-aid kits will be documented on the centre risk assessment.

A fully stocked first aid kit will be available at each Support Office and will 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 will be provided with advice on an appropriate first-aid kit. It is highly recommended that team members have a first-aid kit in their vehicle.

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.

3.4 Infection Control

Infection control measures, including personal protective equipment (PPE) such as gloves and eye protection (plastic goggles), 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*.

3.5 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*. Medication that is administered to team members such as administering an Epi-pen, Insulin or in the circumstance where the team member cannot self-administer their own medication, the administration of this medication will be recorded in Be Safe.

3.6 First Aid Qualifications and Training

Qualification Requirements

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 understand who First aid is trained.

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 that are required to attend the excursion, or outing will be based on risks during the event. Where the groups are going to separate for any period of time the centre should ensure as part of the planning that a first-aid person is available to administer first aid. 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

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

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

3.7 Records and Notifications

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

Those 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 their rooms.

3.8 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*.

3.9 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.

Families will receive a follow up call within 24 hours to understand any diagnosed or sustained injury or illness post an incident at the centre where medical attention was recommended or sought. This should include any diagnosis, treatment provided or exclusion requirements. The outcome of this conversation will be noted in the Be Safe Record.

3.10 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 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* should be reviewed.

For a team member who returns to work after an injury or illness was sustained at work that impacts their ability to undertake their tasks such as changing nappies or lifting or carrying objects then the refer to the *Injured at Work* poster and contact the *Return to Work* team for further support.

3.11 The Calling of 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 detailed refer to the Safety Share entitled First Aid Responses and Calling an Ambulance.

3.12 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.

3.13 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.

3.14 Post First-aid Support

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

4.0 Responsibilities

4.1 The Approved Provider (Guardian) will:

1. Ensure that every reasonable precaution is taken to protect children and adults at our centres, support offices and other locations from harm and hazards that are likely to cause injury
2. Ensure course codes of the recognised first aid qualifications of team members that meet the requirements of the National Law and National Regulations are provided to our centres and relevant support office functions
3. Make available funding to ensure centres 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
4. Ensure documentation reflects that a Be Safe Notification must be developed for each incident including those where first aid is administered
5. 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
6. Communicate any change in policy or procedure where it impacts the administration of first aid

4.3 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. Ensure first aid signs showing the location of first aid kits are clearly displayed at the location of the first aid kit
5. 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
6. 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)
7. Ensure that the specific details of any incident and administration of first aid are recorded on BeSafe
8. Notify families of all instances where first aid is administered and have them sign the BeSafe incident record
9. 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

10. 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
11. Maintain and make available (without delay) information about children's medical conditions for team members so that they can respond appropriately
12. Follow up with families where first aid has been administered to understand what and if further treatment was required and any diagnosis
13. Practice medical events as part of the emergency management drills

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 and eyeglasses (plastic goggles) 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 changed 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 eg. 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

The most important documents I need are:
First Aid Checklist

Other supporting documents will include:
First Aid Sticker

Incident Management Policy Medical Conditions Policy Excursion and Routine Outing Policy Illness Policy Return to Care Plan	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

Policy owner	Chief Quality and Curriculum Officer		Content author	National Safety and Compliance Manager	
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