

## Quality Area 2: Children's Health and Safety Early Childhood Education

### Administration of First Aid Procedure

#### Procedure – first aid qualifications

All staff/Educators at ECMS are required to have the following first aid qualifications:

- A current Workplace Level 2 First Aid Certificate (renewed every 3 years or updated annually)
- A current CPR Certificate (updated annually)
- Emergency Asthma Management Certificate (renewed every 3 years)
- Anaphylaxis Management Training (renewed every 3 years)
- Administration of an auto-injection device (EpiPen®) (updated every 12 months).

All above first aid qualifications are required to be undertaken by an ACECQA recognised authority: [www.acecqa.gov.au/qualifications/approved-first-aid-qualifications](http://www.acecqa.gov.au/qualifications/approved-first-aid-qualifications)

Current copies of staff/Educators' first aid qualifications are to be kept in the staff/Educator staff record at each service. Relief staff/Educators employed as floaters/casual during breaks and/or at times of Educator illness or leave will be required to have each of the above first aid qualifications and noted with their staff record.

#### Procedure – when to apply first aid

The following incidents are examples of when first aid is required:

- Life threatening injury or illness, such as loss of consciousness leading to respiratory or cardiac arrest
- Sudden Infant Death Syndrome (SIDS)
- Choking and/or blocked airway
- Allergic reaction, such as anaphylactic shock
- Injury to the head, back or eye

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- Bleeding or bone fracture
- High temperatures and febrile convulsions
- Asthma attack
- Burns (including sunburn)
- Excessive vomiting leading to dehydration
- Poisoning from either hazardous chemicals, substances, plants or snake or spider bites.

ECMS recognises that first aid responses to people suffering from an emotional or psychological condition are also important. These conditions can include:

- Severe stress resulting from a workplace or personal situation
- Anxiety attack
- Emotional breakdown and loss of reasoning.

### Procedure – how to call Ambulance Victoria

The questions in red below are questions that you will need to be able to answer when calling for an ambulance. This assists in ensuring Educators can provide all the information required to dispatch an ambulance as soon as possible.<sup>1</sup> This includes calling Triple Zero (000) to ask for an ambulance. When you do so, a Telstra call taker will ask you:

- Do you require police, fire or ambulance?
- Which State are you calling from? (If you are calling from a mobile phone.)

Your call will then be connected to a Triple Zero operator from the Emergency Services Telecommunications Authority (ESTA) who will assist you.

Be ready to answer their questions as best you can:

- What is the exact location of the emergency?
- What is the phone number you are calling from?
- What is the problem? What exactly happened?
- How many people are hurt?
- How old is the person?
- Is the person conscious (awake)?
- Is the person breathing?

Stay on the phone unless told to hang up. Follow the call taker's instructions while

<sup>1</sup> <https://www.ambulance.vic.gov.au/community-education/education/calling-an-ambulance/>

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waiting for the ambulance. These instructions will help the patient and the ambulance paramedics.

As soon as the location and type of emergency is confirmed, an ambulance will be dispatched by the dispatch team. The call taker will continue to ask more questions about the patient. The questions help the call-taker to prioritise the request for an ambulance promptly and determine whether the patient requires an alternative service or additional services such the Mobile Intensive Care Ambulance (MICA) paramedic skills.

## <sup>2</sup>Calling Triple Zero from a mobile phone

If you call from a mobile phone, the Triple Zero operator will not know where you are or receive a GPS location. You will be asked by Telstra which State you are calling from. If you are in Victoria, you will be transferred to an ESTA Triple Zero operator.

Efforts are underway Australia-wide to introduce technologies into mobile telephone networks that will automatically deliver a caller's GPS location. Until that occurs, we encourage smartphone users to [download the Emergency+ app](#). This link also includes apps to support children's learning about calling Triple Zero (000).

## Procedure – the need for an ambulance

It is expected that the staff/Educator, as a qualified first aider, will assess the situation and determine the need for an ambulance in circumstances other than those listed below.

An ambulance must be called immediately for any of the following incidents:

- When an individual has stopped breathing
- When an individual is unconscious
- When there is evidence of an anaphylaxis reaction (once EpiPen® treatment has been administered if prescribed)
- When there is obvious evidence of a broken bone
- Other incidents as determined by the first aider.

In the event that an ambulance is called:

- Families must be informed as soon as practicable that their child has required an ambulance (emergency first aid to be administered first)
- Management must be informed as soon as practicable that a child has required an ambulance (emergency first aid to be administered first)
- Staff/Educators are to accompany child in an ambulance in the absence of the parent/guardian where possible; staff/educators are to seek immediate support from the coordination unit
- An incident report is completed and forwarded to the Area Manager as soon as practicable and within 24 hours of the incident occurring

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<sup>2</sup> <https://www.esta.vic.gov.au/000-process>

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- Families are required to pay any costs associated with the ambulance.

### Personal protection

Staff/Educators are to be aware of and take the required standard precautions to ensure a basic level of infection control to minimise the risk of cross infection.

### Poisons Information Centre

The Poisons Information Centre telephone number 13 11 26 is to be displayed:

- Next to all operating telephones in the service and
- Where dangerous products are stored.

### Contents of first aid kits, maintenance and storage

<sup>3</sup>The contents of first aid kits need to be appropriate for your workplace and this will depend on:

- Size, layout and where the workplace is located
- Number of children and educators
- Types of hazards
- How likely it is someone might get hurt
- The type and seriousness of injuries
- Known occurrence of incidents or illnesses.

The first aid kit needs to be immediately identifiable, fit all the contents easily and be easily accessible and unlocked. It should be made of a material that will protect the contents from dust, moisture and contamination.

The first aid officer is responsible for maintaining the first aid kit and make sure any items are replaced as soon as possible after use, and that items remain within their use by date.

### Contents

Based on the DET school first aid kit requirements (2017), ECMS recommends the following minimum contents (quantities will vary depending on your risk assessment and size of the service):

#### A current first aid manual

- First Aid Emergency Handbook from:
  - Survival Emergency Products
  - Local suppliers
  - Ambulance Victoria First Aid

<sup>3</sup> <https://www.safeworkaustralia.gov.au/first-aid>

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- The First Aid Handbook from Australian Red Cross
- Australian First Aid from St John Ambulance Australia.

### Wound cleaning equipment

- Gauze swabs: 7.5cm x 7.5cm divided into small individual packets with 5 sterile saline ampoules: 15ml and 30ml
- Disposable towels for cleaning dirt from skin surrounding a wound.

### Wound dressing equipment

- Sterile, non-adhesive dressings, individually packed:
  - 5cm x 5cm
  - 7.5cm x 7.5cm
  - 10cm x 10cm for larger wounds
- Combine pads: 10cm x 10cm for bleeding wounds
- Non-allergenic plain adhesive strips ('Band-Aids'), without antiseptic on the dressing, for smaller cuts and grazes
- Steri-strips/wound closures for holding deep cuts together in preparation for stitching
- Non-allergenic paper/adhesive type tape, width 2.5cm-5cm, for attaching dressings
- Conforming bandages for attaching dressings in the absence of tape or in the case of very sensitive skin
- Sterile eye pads, individually packed.

### Bandages

- Triangular bandages for:
  - Slings
  - Pads for bleeding
  - Attaching dressings
  - Immobilising injured limbs
  - Splints etc
- Conforming bandages to hold dressings in place:
  - 2 of 2.5cm
  - 2 of 5cm
  - 6 of 7.5cm
  - 2 of 10cm
- Crepe bandages ('hospital weight') to secure a pad to control bleeding, to support soft tissue injuries (sprains and strains) and for 'Pressure Immobilisation Bandaging technique' for snake bite:
  - 2.5cm
  - 5cm

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- 7.5cm
- 10cm
- 15cm.
- Heavy elastic bandages; 15cm. These are ideal to use for 'Pressure Immobilisation Bandaging technique' for snake bite or severe allergic reaction to other bites and stings.

Numbers of each item need to be sufficient for the individual service and the possibility of multiple children requiring first aid attention at any one time.

The first aid risk assessment will assist with identifying first aid contents and amounts.

### First aid kits

- Are to be stored out of reach of children; however, need to be easily recognisable and accessible to an adult in an emergency
- Are to be checked a minimum of once every six months, the check documented and restocked as items are used
- Where stored in cupboards must have a label affixed to the cupboard to show that the first aid kit is inside.

### Procedure – anaphylaxis

If a child diagnosed at risk of anaphylaxis is being cared for at the service; staff/Educators must ensure that the child's anaphylaxis medication is:

- Easily recognisable and readily assessable to adults
- Inaccessible to children
- Stored away from direct sources of heat.

See Anaphylaxis for further instruction.

### Procedure – excursions

If child/ren are taken by a staff member/Educator outside the premises at which they are being cared for (eg when leaving the service premises for excursions, routine outings or emergency evacuations); the staff/Educator 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 accident, injury, trauma or illness involving a child
- The child's registered medical practitioner or medical service
- An operational mobile telephone with an appropriate connection to a mobile telephone network
- The child's anaphylaxis medication and Anaphylaxis Medical Management Plan (if the child has been diagnosed as at risk of anaphylaxis)

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- The child's asthma medication and asthma medical management plan (if the child has been diagnosed with asthma).

See Excursions for further instruction.

### Procedure – compliance

In order to assess compliance, the Area Manager and Nominated Supervisor/Centre Director will:

- Regularly check staff files to ensure details of approved first aid qualifications have been recorded and are current
- Monitor the implementation, compliance, complaints and incidents in relation to this policy
- Review the First Aid Procedure following an incident to determine their effectiveness
- Regularly seek feedback from the nominated first aid officer and everyone affected by the policy regarding its effectiveness
- Send feedback to support services in order to keep the policy up to date with current legislation, research, policy and best practice
- Consider the advice of relevant bodies or organisations such as Australian Red Cross and St John Ambulance when reviewing this policy.

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