ADMINISTRATION OF FIRST AID POLICY

Quality Area 2

Purpose

This policy will provide guidelines for the administration of first aid at Tally PS OSHC.

POLICY STATEMENT

Values

Tally PS OSHC is committed to:

- providing a safe and healthy environment for all children, early childhood teachers, educators, staff and others attending the service
- providing a clear set of guidelines in relation to the administration of first aid at the service
- ensuring that the service has the capacity to deliver current approved first aid, as required.

Scope

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers, educators, other staff, students, volunteers, parents/guardians, children and others attending the programs and activities of Tally PS OSHC, including during offsite excursions and activities.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Nominated first aid officer	Parents/guardians	Contractors, volunteers and students
Ensuring that every reasonable precaution is taken to protect children, staff and others at the service from harm and hazards that are likely to cause injury *(National Law: Section 167)*	√	√	√			
Assessing the first aid requirements for the service *(refer to Attachment 3)*. A first aid risk assessment can assist with this process *(refer to Attachment 4)*	√	√		√		
Ensuring that at least one early childhood teacher [ECT]/educator with current approved first aid qualifications *(refer to Definitions)* is in attendance and immediately available at all times that children are being educated and cared for by the service *(Regulation 136(1) (a))*. This can be the	√	√				

same person who has anaphylaxis management training and emergency asthma management training						
Ensuring that the prescribed educator-to-child ratios are met at all times *(refer to Supervision of Children Policy)*	√	√	√			
Appointing a staff member or nominated supervisor to be the nominated first aid officer. This is a legislative requirement where there are 10 or more employees but is also considered best practice where there are fewer than 10 employees	√	√				
Advising families that a list of first aid and other health products used by the service is available for their information, and that first aid kits can be inspected on request	√	√	√	√		
Providing and maintaining an appropriate number of up-to-date, easily recognisable, readily accessible, suitably equipped first aid kits *(refer to Attachment 3)*, with in-date products that meet Australian Standards *(refer to Definitions)*. The appropriate number of kits will depend on the number of children in the service, the number of rooms and their proximity to each other, and distances from outdoor spaces to the nearest kit	√	√		√		
Ensuring procedures are developed for the regular monitoring of all first aid kits	√	√		√		
Ensuring defibrillators are maintained and regularly tested and serviced, including cyclical replacement of pads and batteries as per manufacturer specifications	√	√		√		
Ensuring a risk assessment is conducted prior to an excursion to identify risks to health, safety, or wellbeing and specifying how these risks will be managed and minimised *(Regulations 100, 101, 102B, 102C)*. Refer to *Excursions and Service Events Policy and Road Safety and Safe Transport Policy*	√	√	√			
Ensuring that the Ambulance Victoria AV How to Call Card *(refer to Sources)* is displayed near all telephones or in a visible location.		√	√			
Providing and maintaining a portable first aid kit that can be taken offsite for excursions and other activities *(refer to Attachment 3)*	√	√	√	√		
Ensuring that first aid training details, and renewal dates are recorded on each staff member's record	√	√				
Ensuring safety signs showing the location of first aid kits are clearly displayed *(refer to Attachment 3)*	√	√		√		
Ensuring there is an induction process for all new staff, casual and relief staff, that includes providing information on the location of first aid kits and specific first aid requirements	√	√				

Ensuring that parents are notified within 24 hours if their child is involved in an incident, injury, trauma or illness at the service and recording details on the Incident, Injury, Trauma and Illness Record *(refer to Definitions)*	√	√	√			
Notifying DET within 24 hours of a serious incident *(refer to Definitions)* occurring at the service	√	√				
Ensuring that staff are offered support and debriefing following a serious incident requiring the administration of first aid *(refer to Incident, Injury, Trauma and Illness Policy)*	√	√				
Ensuring a resuscitation flow chart *(refer to Definitions)* is displayed in a prominent position in the indoor and outdoor environments of the service *(refer to Attachment 1)*	√	√		√		
Keeping up to date with any changes in procedures for administration of first aid and ensuring that all educators are informed of these changes	√	√				
Implementing appropriate first aid procedures when necessary *(refer to Attachment 1 & 2)*		√	√	√		
Maintaining current approved first aid qualifications, and qualifications in anaphylaxis management and emergency asthma management, as required		√	√	√		
Practicing CPR and administration of an auto-injector at least annually (in accordance with other service policies)		√	√	√		
Ensuring that all children are adequately supervised *(refer to the Supervision of Children Policy)* while providing first aid and comfort for a child involved in an incident or suffering trauma *(refer to Attachment 2)*	√	√	√			
Ensuring that the details of any incident requiring the administration of first aid are recorded on the Incident, Injury, Trauma and Illness Record *(refer to Definitions)* no later than 24 hours after the occurrence *(refer to Incident, Injury, Trauma and Illness Policy)*	√	√	√			
Ensuring the parent/guardian reads and signs the Incident, Injury, Trauma and Illness Record		√	√			
Notifying the approved provider or nominated supervisor six months prior to the expiration of their first aid, asthma or anaphylaxis accredited training			√	√		
Ensuring all out of date first aid kit contents are disposed of safely. The safest way to dispose of unused/out of date medicines is through the Return Unwanted Medicines (RUM) scheme which is run by a government funded organisation called The National Return & Disposal of	√	√	√	√		

Unwanted Medicines Limited: https://returnmed.com.au/						
Providing the required information on the service's medication record *(refer to Definitions)* when child requires administration of medication *(refer to Administration of Mediation Policy)*					√	
Notifying the service of any medical conditions or specific medical treatment required for their child. Where necessary, in consultation with staff, develop appropriate medical management plans and risk minimisation plans (e.g. asthma, anaphylaxis). Providing any required medication. *(refer to Asthma Policy and Anaphylaxis Policy)*					√	
Providing written consent (via the enrolment record) for service staff to administer first aid and call an ambulance, if required					√	
Being contactable, either directly or through emergency contacts listed on the child's enrolment record, in the event of an incident requiring the administration of first aid					√	
BOLD tick √ indicates legislation requirement						

PROCEDURES

BASIC LIFE SUPPORT FLOW CHART PROCEDURE – ***refer to Attachment 1***
FIRST AID RESPONDER'S ROLE – ***refer to Attachment 2***

BACKGROUND AND LEGISLATION

Background

First aid can save lives and prevent minor injuries or illnesses from becoming major ones. The capacity to provide prompt basic first aid is particularly important in the context of an early childhood service where staff have a duty of care and obligation to assist children who are injured, become ill or require support with administration of medication.

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm. The *Education and Care Services National Regulations 2011* state that an approved provider must ensure that at least one educator with current approved first aid qualifications is in attendance and immediately available at all times that children are being educated and cared for by the service. Under the *Education and Care Services National Law Act 2010*, the *Australian Children's Education and Care Quality Authority* (ACECQA) are required to publish lists of approved first aid qualifications. These lists are available at: www.acecqa.gov.au. As a demonstration of duty of care and best practice ELAA recommends all educators have current approved first aid qualifications.

It is also a requirement that employers have appropriate first aid arrangements in place, including first aid training, first aid kits and first aid facilities, to meet their obligations under the *Occupational Health and Safety Act 2004*. WorkSafe Victoria has developed a *Compliance Code First aid in the workplace* *(refer to Sources)* that provides guidance on how these obligations can be met.

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Child Wellbeing and Safety Act 2005 (Vic) (Part 2: Principles for Children)
- Education and Care Services National Law Act 2010: Sections 167, 169
- Education and Care Services National Regulations 2011: Regulations 86, 87, 89, 98, 136, 137(1)(e), 147, 161(1) (a)(i) (ii), 168(2)(a)(iv), 174, 175, 176,
- National Quality Standard, Quality Area 2: Children's Health and Safety
- Occupational Health and Safety Act 2004

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: www.legislation.vic.gov.au
- Commonwealth Legislation – Federal Register of Legislation: www.legislation.gov.au

DEFINITIONS

The terms defined in this section relate specifically to this policy. For regularly used terms e.g., approved provider, Nominated supervisor, Notifiable complaints, Serious incidents, Duty of care, etc. refer to the *Definitions* file of the PolicyWorks catalogue.

Approved first aid qualification: The list of approved first aid qualifications and anaphylaxis management and emergency asthma management training published on the ACECQA website: www.acecqa.gov.au

First aid: The provision of initial care in response to an illness or injury. It generally consists of a series of techniques to preserve life, protect a person (particularly if unconscious), prevent a condition worsening and promote recovery. First aid training should be delivered by approved first aid providers, and a list is published on the ACECQA website: www.acecqa.gov.au

First aid kit: *The Compliance Code: First aid in the workplace*, developed by WorkSafe Victoria, lists the minimum requirements for a first aid kit *(refer to Attachment 3). The Compliance Code: First aid in the workplace* is available at: www.worksafe.vic.gov.au.

Resuscitation flowchart: Outlines the six steps involved in resuscitation: danger, response, airways, breathing, compression and defibrillation. The Australian Resuscitation Council provides flowcharts for the resuscitation of adults and children free of charge at: https://resus.org.au/guidelines/flowcharts-3/

SOURCES AND RELATED POLICIES

Sources

- Ambulance Victoria: www.ambulance.vic.gov.au
- Australian Children's Education and Care Quality Authority (ACECQA): www.acecqa.gov.au
- Australian Red Cross: www.redcross.org.au
- St John Ambulance Australia (Vic): www.stjohnvic.com.au
- First aid in the workplace: www.worksafe.vic.gov.au

Related Policies

- Administration of Medication
- Child Safe Environment
- Dealing with Infectious Diseases
- Dealing with Medical Conditions
- Emergency and Evacuation
- Excursions and Service Events
- Incident, Injury, Trauma and Illness
- Staffing

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider 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 procedures 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
- 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
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk.
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ATTACHMENTS

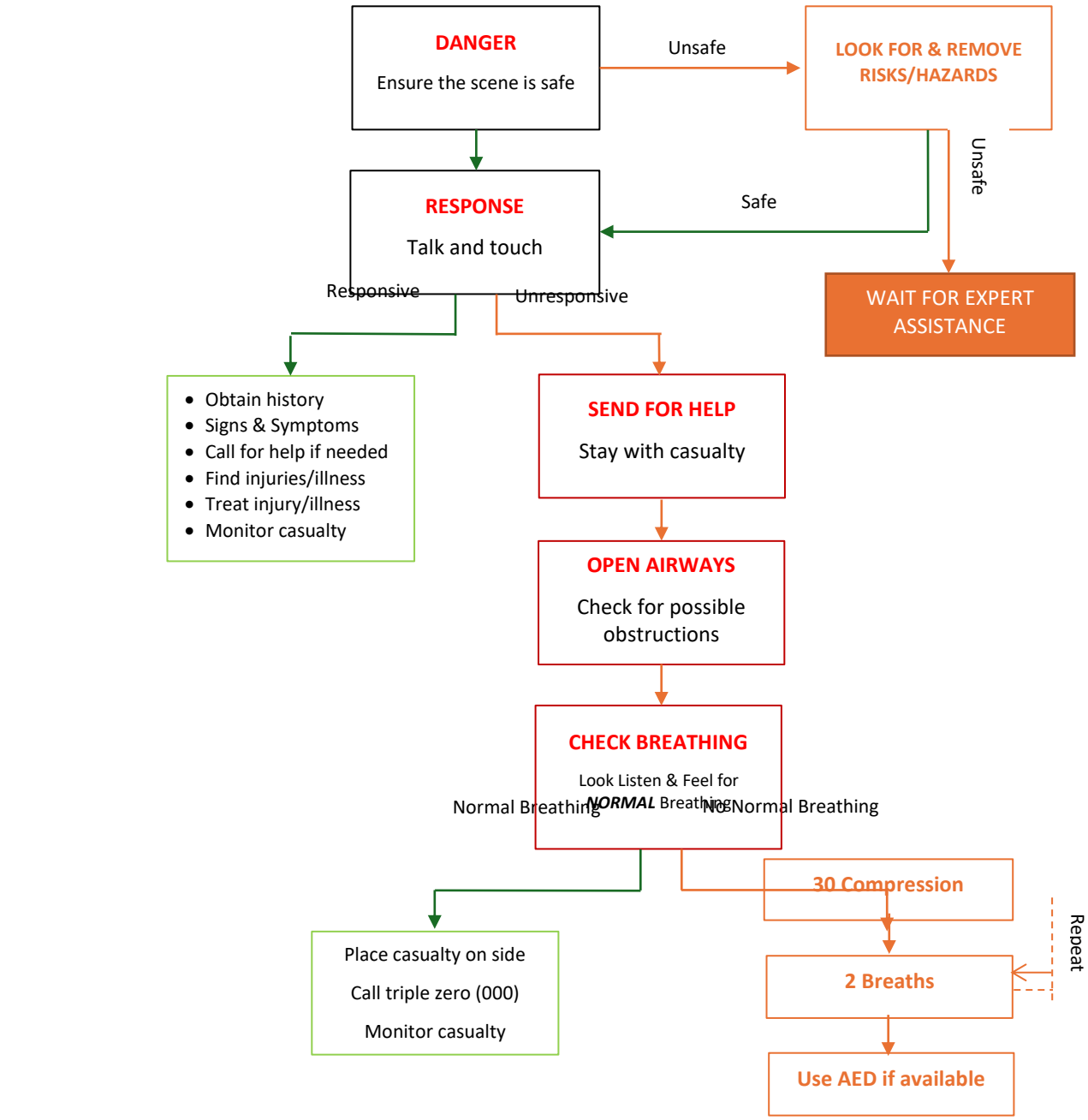
- Attachment 1: Basic Life Support Flow Chart
- Attachment 2: First Aid responder's role
- Attachment 3: Minimum requirements for a first aid kit
- Attachment 4: Sample first aid risk assessment form

AUTHORISATION

This policy was adopted by the approved provider of Tally PS OSCH on 21st Aug 2026

REVIEW DATE: 2029

ATTACHMENT 1. BASIC LIFE SUPPORT FLOW CHART



- If unsure if breathing is normal treat as though it is not
- Only stop to recheck casualty if they start breathing ***NORMALLY***
- If possible, change first aiders every 1 to 2 mins to reduce fatigue
- Send or go for help as soon as possible.

ATTACHMENT 2: FIRST AID RESPONDER'S ROLE

The following circumstances are examples of, but not limited to when first aid is required until assistance from a qualified health professional becomes available:

- Life threatening injury or illness
- Choking /blocked airway
- Anaphylactic reaction to an allergen, e.g. nuts, eggs
- Bleeding
- Bone fracture
- Convulsions and/or high temperature
- Injury to head, eye or back
- Asthma attack
- Excess vomiting or diarrhoea presenting a risk of dehydration
- Loss of consciousness
- Burns, which includes sunburn
- Poisoning from hazardous chemicals, plants, substances, and
- Bites from spiders, insects or snakes

In a medical emergency Educators/First Aid Responder needs to:

- Attend immediately to an injured/ill child or individual and implement appropriate first aid management.
- Assess if there is a need for an ambulance to attend and call 000 for attendance or advise a co-worker to make the call.
- Identify any risks in the immediate area and minimise/eliminate these.
- Implement any medical condition action plans that are required if a child with a diagnosed medical condition is involved.
- In the event of a child going into Anaphylactic shock who does **NOT** have a Medical Management Plan, the service's EpiPen is to only be administered to a child with over the phone consent from an ambulance officer/medical practitioner
- Monitor the child's/individual's condition and maintain appropriate first aid support if required until further assistance is available from qualified health professionals.
- Ensure that arrangements are made to remove the child/individual as soon as possible in the interests of the health, safety and wellbeing of that child and others.
- Notify as soon as practicable the parents/guardians of a child involved in a serious medical emergency or accident.
- Document as soon as practicable the incident details on the Incident, Injury, Trauma and Illness Record as per the *Incident, Injury, Trauma and Illness Policy*
- Notify DET within 24 hours of a serious incident *(refer to Definitions)* occurring at the service
- In the case of a serious accident/injury of an adult, as far as practicable, the scene of the accidents should not be touched as it may need to be inspected by an inspector from WorkSafe
- Notify WorkSafe if a serious workplace injury has occurred as soon as practicably possible and in writing within 48 hours of the accident occurring.
- In the event of an asthma attack, (if the service spacer was used) the used spacer must be provided to the family and a new spacer to be purchased for the service as soon as possible.
- In the event of anaphylaxis, the used adrenaline autoinjectors to be given to the ambulance officer attending the scene, with the date and time it was used.

ATTACHMENT 3: FIRST AID KIT GUIDELINES

First Aid kits should:

- not be locked.
- be appropriate for the number of employees and children and adequate for the immediate treatment of injuries at the service (refer to Note)
- be easy to access and if applicable, located where there is a risk of injury occurring, with no longer than a minute to reach, including time required to access secure areas
- be constructed of resistant material, be dustproof and of sufficient size to adequately store the required contents
- be capable of being sealed and preferably be fitted with a carrying handle as well as have internal compartments
- contain a list of the contents of the kit.
- be regularly checked using the First Aid Kit Checklist Guidelines to ensure the contents are as listed and have not deteriorated or expired *(refer to First Aid Kit Checklist Guidelines).*
- have a white cross on a green background with the words 'First Aid' prominently displayed on the outside.
- display emergency telephone numbers, the phone number and location of the service
- be checked regularly (at beginning of each term) to ensure they are fully stocked, no products have expired and the contents replenished as necessary
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- First Aid kits must be taken on excursions and First Aid qualified ECTs or educators must be in attendance.

Note: When determining how many First Aid Kits are 'appropriate', the service should consider the number of children in attendance as well as the proximity of rooms to each other and the distances from outdoor spaces to the nearest First Aid Kit. For example, larger services may require a kit in each room or outside space, whereas a kit between two rooms might be appropriate in a smaller service with adjoining rooms

First Aid kit checklist guidelines

The below checklist is a framework to guide implementation. The *Compliance Code: First Aid in the workplace* by WorkSafe Victoria states the employer needs to determine the appropriate contents and quantity of a first aid kit for their workplace.

Suggested contents include, but are not limited to:

- basic first aid guide
- CRP chart
- disposable gloves
- resuscitation mask/face shield
- individually wrapped sterile adhesive dressings (e.g. Band Aids)
- compression bandages
- sterile eye pads
- sterile coverings for serious wounds
- triangular bandages
- safety pins
- small sterile unmedicated wound dressings
- emergency accident blanket/space blanket
- thermometer
- medium sterile unmedicated wound dressings
- instant cold pack
- large sterile unmedicated wound dressings
- non-allergenic tape
- crepe bandages
- emesis bag
- scissors
- tweezers
- notebook for recording details of first aid provided
- sterile saline solution
- plastic bags for disposal
- sharps container
- black permanent maker

Asthma first aid:

- reliever medication
- 2 small volume spacer devices
- 2 compatible children's face masks (for children under the age of four)
- record form and pen
- asthma first aid instruction card.

Asthma Australia recommends that spacers and face masks are for single-use only. It is essential to have at least two spacers and two face masks in each first aid kit, and these should be replaced once used.

Adrenaline autoinjector kit (for general use):

For general use for a child previously undiagnosed for anaphylaxis, where they have a first-time reaction. Having an adrenaline autoinjector for general use (e.g. in first aid kits) should be considered as being additional to the prescribed adrenaline autoinjectors and should NOT be a substitute for children at high risk of anaphylaxis having their own prescribed adrenaline autoinjector/s.

Kit may include:

- in-date adrenaline autoinjector stored in an insulated container; stored away from direct heat and/or cold.
- ASCIA First Aid plan for Anaphylaxis card
- a pair of disposable gloves
- note pad and a permanent marker.

Standard portable First Aid Kit

Suggested contents include, but not limited to:

- basic first aid guide & CRP chart
- plastic bags for disposal
- gloves
- emesis bag
- sterile saline solution
- compression bandages individually wrapped sterile adhesive dressings (e.g. Band Aids)
- emergency accident blanket/space blanket
- resuscitation mask/face shield
- scissors
- instant cold pack
- notebook for recording details of first aid provided

Emergency Backpack

Suggested contents include, but not limited to:

- parent contact information including authorisations
- children and staff with additional/medical needs list including medication
- facility keys (including gates/padlock keys)
- portable non-perishable snacks (use by date checked)
- whistle
- staff emergency contact information
- portable battery powered radio (batteries checked and charged)
- standard portable First Aid Kit.
- torch (batteries checked and/or charged)
- children's enrolment records

- copy of facility site plan and EMP including evacuation routes
- sunscreen and spare sunhats
- plastic garbage bags
- bottled water (use by date checked)
- toiletry supplies
- traffic/emergency safety vest and tabards

ATTACHMENT 4. SAMPLE FIRST AID RISK ASSESSMENT FORM

This template can be used to assess the first aid requirements for the service. Consultation is an important aspect of first aid risk assessment and management. The Approved provider, ECTs and educators should use this as a guide only and may identify other areas specific to their service.

1.	How many people work at the service (estimate for most days)?	
2.	How many children are enrolled at the service (write the number)?	
3.	Do people regularly work in the service after hours?	
4.	Do people work on their own after hours, including on weekends? If yes, approximately how many, how often and for how long at any one time?	
5.	Describe the nature of incidents, injuries or illnesses that have occurred in the service over the last 12 months (if possible, attach a summary of the incident reports)	
6.	Where is the nearest medical service and how long would it take to get an injured person to this service?	
7.	Where is the nearest major hospital with a 24-hour accident and emergency service? How long would it take to get an injured person to this hospital?	
8.	What type of, and how many, first aid kits are available at the service?	
9.	Are the contents of first aid kits complete and up to date as per the contents list?	
10.	Where are the first aid kits located?	
11.	How many current first aid officers are there at the service? (List the number, approved first aid qualifications and qualification expiry dates)	

12.	Identify and list specific hazards and where they may be located	**Hazards**			**Location**	
13.	Are there any specific hazards or health concerns that require specific first aid kits or treatment (such as anaphylaxis, asthma etc.)? If yes, list the particular hazards or health concerns and where the specific first aid requirements are kept	**Hazards /health concerns**	**Specific first aid requirements**	**Specific training required**	**Staff have appropriate training**	**Location of first aid equipment**
14.	Is there an induction process for all new staff that includes location of first aid kits, specific first aid requirements and so on?					

Recommendations

Reference number	Recommendation	Responsibility and time frame

Names of those responsible for completing this form

Name: _____ Signed: _____ Date: _____

Name: _____ Signed: _____ Date: _____

Date for next review: