

ADMINISTRATION OF FIRST AID POLICY

AIM:

To ensure prompt and appropriate administration of first aid care in the event that a child in care receives an injury or becomes ill whilst in care.

To comply with the Education and Care Services Regulation 2011 to protect the safety and well-being of children in care.

RATIONALE:

The First Aid Policy, procedures and practices are designed to support educators and scheme staff to:

- preserve life.
- ensure that ill or injured persons are stabilised and comforted until medical help intervenes.
- monitor ill or injured persons in the recovery stage.
- apply further first aid strategies if the condition does not improve.
- Ensure that the environment is safe and that other persons are not in danger of becoming ill or injured.
- prevent a condition worsening.
- promote recovery.

First aid incorporates basic life support. It is comprised of emergency procedures to:

- recognise and manage a clear and open airway,
- restore breathing and/or circulation,
- monitor well-being, using techniques as described by approved first aid training providers, until the person is transferred to the care of an ambulance officer, nurse or doctor.

Duty of Care

Educators and scheme staff have a special and primary duty to the children in their care. This duty of care requires them to refrain from doing things that might lead to a child being injured. It also requires the educator or staff member to take positive steps towards maintaining health and safety. An educator or staff member could be found to be negligent if assistance was not provided to an ill or injured child.

The duty of care expected from education and care personnel is that of a 'reasonable professional' and will be governed by factors that include:

- the age of the child,
- the child's individual capabilities, including intellectual and physical impairment,
- potential dangers,
- the degree to which injury, or illness is predictable.

Work Health and Safety

All educators and staff must take reasonable care to protect their own health and safety and that of others. In providing first aid to children they must therefore:

- be familiar with policies and procedures that guide their response,
- follow instructions related to health and safety,
- accept responsibility for safe working conditions within their control.

This includes the responsibility to notify the scheme should their own health, including their infection status, pose risk to others. Educators must:-

- safeguard the privacy of health information, using accepted privacy principles,
- use personal protection equipment recommended for health and safety purposes,
- apply standard precautions against transmission of infections,
- perform first aid tasks in line with training received.

POLICY:

First Aid Qualifications/Training

- All educators and educator assistants registered with Clarence Family Day Care, and coordinators of the service must hold a current first aid qualification that is approved by the Workcover Authority of NSW.
- All educators and educator assistants registered with Clarence Family Day Care, and coordinators of the service must undertake approved anaphylaxis management training and ensure it's on-going currency.
- All educators and educator assistants registered with Clarence Family Day Care, and coordinators of the service must undertake approved asthma management training and ensure it's on-going currency.

First Aid Supplies

- A suitably stocked first aid kit must be available for use by the educator at the premises of the educator.
- A suitably stocked first aid kit must be taken on all excursions away from the registered premises.
- Educator's must check the contents of their first aid kits regularly to ensure the contents are within their recommended use-by dates.
- A Cardio Pulmonary Resuscitation (CPR) Chart must be displayed in both the indoor and outdoor play areas of the registered premises.
- Any child who has a diagnosed medical condition that is managed by medication in an emergency situation (*eg. Anaphylaxis, Asthma*) must have their prescribed medication available for use at the premises of the educator and on all excursions away from the registered premises at all times that the child is in care.
- Medication provided for children by their parents are to be securely stored by the educator, with the exception of Epipens which are to be made inaccessible to children but must remain easily accessible to the educator.

Personal Protection

- People applying first aid should understand the importance of minimising cross infection while providing a basic level of infection control by wearing protective gloves when providing first aid, and washing hands thoroughly prior to and immediately following application of first aid.

Responsibilities in First Aid

- All head injuries will be treated as serious and observation will be constant until the child fully recovers or parent/guardian collects the child.
- Parents and the nominated supervisor will be advised of all head injuries.
- In the case of an obvious broken limb, an ambulance will be called.
- In the case of a suspected or doubtful break the parent or guardian will be contacted and asked to collect the child.

Critical Incident Management

Any first aid intervention should be recorded in the Incident, Injury, Trauma and Illness Record.

An Incident, Injury, Trauma and Illness report must also be completed, as required by the regulation, when a child receives medical care or is hospitalised as a result of injury caused by an incident occurring whilst the child is in care.

The educator should develop critical incident or crisis management plans which:

- are specific to the educator's approved care environment and/or the circumstances surrounding excursion venues attended by children in care,
- assess what might occur, what action might need to be taken and by whom. This would anticipate a serious first aid emergency involving an individual or a group (for example, a road crash, or a child suffering an anaphylactic reaction) The plan would also address any reasonably predictable incident involving a child with a known risk (for example, planning for emergency building evacuation for a child who is not independently mobile),
- cover prevention, incident management and follow-up.

Education and care services cannot be expected to prevent all first aid emergencies. Their role is to:

- create safe and supportive learning environments,
- be alert to changes in child health/behaviour and inform the family where relevant. (for example, an increase in the use of asthma reliever medication or an unusually high incidence of tripping or falling over),
- develop action plans, based on any information provided by the child's parent and in consultation with the child's parent, for any predictable and individualised first aid need,
- seek medical assistance in an emergency.

Principles of First Aid in Education and Care Services

First Aid—First Response

Young children with communication difficulties are sometimes unable or unwilling to describe the onset of illness or the nature of injury and pain. This means that educators need to be observant and actively enquire about the well-being of children as part of their standard first aid procedure.

Anyone can and should provide an initial first aid response in the following manner:

Ensure the safety of yourself and others

- Be alert to dangers at the scene.

Call for help

Do not hesitate to call the Emergency Services if you believe that it is in the best interest of the casualty to do so.



CALL AMBULANCE

To call an ambulance: Dial 000.

Say what state you are calling from, the person's condition and their location (with nearest cross street).



INFORM EMERGENCY CONTACTS

Communicate

- Reassure the casualty and bystanders.
- Get information and provide necessary information to emergency personnel when they arrive.

Organise bystanders to:

- Call emergency services.
- Direct the ambulance to the scene.
- Help where able and/or necessary.
- Bring first aid supplies and blankets.
- Protect the scene and the casualty from unnecessary traffic and other potential dangers.

Deciding When to Call for Medical Assistance

First aid is exactly what its name implies – a first level of assistance. Further medical assistance should be sought if the first aider determines it is needed. Seeking medical assistance can involve calling for an ambulance. In a less urgent circumstance, it can mean informing the child's parent or emergency contacts that the educators training indicates that advice from a medical practitioner is advisable.

Assessing the need for further assistance is sometimes difficult.
The following information can be used:

History of the event

When casualties have been subjected to great violence, as in car crashes or falls from heights, it can be assumed that they are critically injured until proved otherwise. The same can be said regarding casualties who have been exposed to fire or explosions, electrical injury, chemical

injury or where poisoning is suspected. In all of these cases, it is reasonable to call for the help of ambulance personnel.

Medical History of the Casualty

When a child has a known medical condition, the educator must have on site, an **Action Plan** provided by the child's parent/guardian and signed by the child's doctor, that details how to respond in an emergency. This should include guidelines about when the individual requires more than a standard first aid response. The Action Plan may include a photograph of the child and be displayed at the service. A copy of the Action Plan is to be taken on all excursions away from the registered premises. A copy of the Action Plan must be supplied to the CFDC Coordination Unit for inclusion on the child's file.

Symptoms

If pain is severe and persistent, or if there is persistent shortness of breath at rest, which is unrelieved by the usual measures undertaken by the casualty, it is reasonable to call for ambulance assistance.

Signs

Generally, it is reasonable to call for help for any casualty who:

- has experienced unconsciousness or who has an altered state of consciousness,
- is experiencing difficulty breathing,
- is showing signs of shock,
- is experiencing severe bleeding, or who is vomiting blood or passing blood,
- has slurred speech,
- has injuries to the head, neck or back,
- could have broken bones,
- has an extremely high temperature, with or without a rash.

Relevant Legislation:

Education and Care Services National Regulation 2011;
Work Health and Safety (WHS) Act 2000 and Regulations 2011

Key Resources:

Staying Healthy In Child Care, the National Health and Medical Research Council, Commonwealth of Australia, 5th edition, 2012;
National Childcare Accreditation Council First Aid Policy Template;