



FIRST AID POLICY

SUB CATEGORY: Health, Hygiene and Safety

POLICY GOAL

To ensure there is a qualified first aid person available to attend to a child or adult in the event of an incident/accident. To meet the requirements under the National Education and Care Services Regulations and National Quality Standards.

RATIONALE

The Education and Care Services National Regulations and the National Quality Standards references the following in relation to first aid:

- Regulation 136 covers first aid qualifications
- Regulation 86 covers first aid kits
- Quality Area 2 – Health and Safety
- Quality Area 4 – Staffing Arrangements

The Guide to the National Quality Framework 2018 highlights the following in relation to first aid:

- an up-to-date first aid kit or kits are readily available wherever children are (including in the service and on excursions)
- The centre has records of staff members' first aid qualification
- Staff rosters demonstrate a first-aid-qualified staff member is on duty at all times
- Systems are in place to regularly check the currency and validity of first aid qualifications
- A policy and procedure is available for the administration of first aid
- The administration of any first aid provided to a child be recorded on the "Incident, Injury, Trauma and Illness" form
- Information to be included on a staff record includes any approved training including first aid training

First Aid Kits

An appropriate number of first aid kits should be kept at a service and suitably equipped relative to the number of children being educated and cared for (Regulation 89).

First aid kits must be easily recognisable and readily accessible to all staff within the service. Procedures about the administration of first aid to children must be in place at the service (Regulation 168). Staff should be reminded that first aid kits should be taken when leaving the premises of the service for excursions, regular outings or emergency evacuations.

"The approved provider must ensure an appropriate number of first aid kits are kept, and that these are suitably equipped relative to the number of children being educated and cared for at the service. The first aid kits must be easily recognisable and readily accessible to adults from all areas within the service. The service must have policies and procedures about the administration of first aid to children at the service.

First aid kits should also be taken when leaving the service premises for excursions, regular outings or emergency evacuations. A belt bag is one way of taking a modified first aid kit to an outdoor play space.

- *A suitably equipped first aid kit should be fully stocked, with no expired products, and should be checked regularly to ensure this. For example, a service might keep a checklist of the contents inside each first aid kit and initial the list each time the contents are checked. Authorised officers may refer approved providers or family day care educators to seek guidance from a reputable organisation such as St John Ambulance on first aid kit contents.*
- *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.*
- *Services might use data gathered from their incident, injury, trauma and illness records or seek guidance from first aid training providers to determine the appropriate locations for first aid kits.*

First Aid Qualifications and Training

At all times and at any place that children are being educated and cared for by the service, the following person(s) must be in attendance and immediately available in an emergency:

- *at least one staff member or one nominated supervisor of the service who holds a current approved first aid qualification, and*
- *at least one staff member or one nominated supervisor of the service who has undertaken current approved anaphylaxis management training, and*
- *at least one staff member or one nominated supervisor of the service who has undertaken current approved emergency asthma management training.*

The same person may hold one or more of these qualifications. If the approved service is operating on a school site (for example, a government kindergarten or preschool), the requirements for regulation 136(2) can be met if one or more staff members of the school holding the relevant qualifications are in attendance at the school site and immediately available during the emergency.

The approved provider should consider how it will meet this requirement during all parts of the day, including breaks, and have contingency plans in place for an educator on leave. A list of approved first aid qualifications is published on the ACECQA website (www.acecqa.gov.au).

Renewal of first aid qualifications

The Safe Work Australia First Aid in the Workplace Code of Practice recommends that persons required to maintain first aid qualifications should attend training on a regular basis to refresh their first aid knowledge and skills, and to confirm their competence to provide first aid. The Code of Practice also recommends that refresher training in CPR should be undertaken annually and first aid qualifications should be renewed every three years.

The certificate should state the date when the person completed the course, as well as the expiry date, which is typically three years from the date of completion. The certificate may include additional requirements, such as completing refresher training in CPR annually.

Excursions: *The approved provider must ensure that a person(s) with first aid qualifications and training is in attendance on an excursion. If some children remain on the service premises, a person(s) with first aid qualifications and training must also remain on the premises.”¹*

¹ “Guide to the National Quality Framework” Australian Children’s Education & Care Quality Authority Jan 2020

Purchasing Emergency Medication for Emergency First Aid in Queensland

“For education and child care services, the following people are authorised to purchase medicines for the management of asthma and anaphylaxis (S3 salbutamol, terbutaline and adrenaline auto-injector):

- *A principal of an educational institute (or a person nominated by the principal);*
- *A Queensland approved provider of a Queensland approved education and care service (or a person appointed as a supervisor for the service under the Education and Care Services Act 2013);*
- *An approved provider of an education and care service under the Education and Care Services National Law (Queensland) (or a person nominated as a supervisor by the approved provider).”²*

“Adrenaline(epinephrine) autoinjectors (e.g. EpiPen) are approved for use in Australian and New Zealand for the emergency treatment of anaphylaxis, the most severe form of allergic reaction. ASCIA cannot dictate policy regarding the use of adrenaline autoinjectors for general use that are not prescribed for an individual. Advice from the local education and/or health authorities should be sought regarding authorisation to include adrenaline autoinjectors for general use in first aid kits and whether these can be administered in an emergency.

Having an adrenaline autoinjector for general use (e.g. in a first aid kit) should be considered as being additional to the prescribed adrenaline autoinjectors and should NOT be a substitute for people at high risk of anaphylaxis having their own prescribed adrenaline autoinjector/s.

Adrenaline autoinjectors for general use are most likely to be used when:

- *A person who is known to be at risk of anaphylaxis does not have their own device immediately accessible or the device is out of date.*
- *A second dose of adrenaline is required before an ambulance has arrived.*
- *A person's device has misfired or accidentally been discharged.*
- *A person previously diagnosed with a mild or moderate allergy who was not prescribed an adrenaline autoinjector has their first episode of anaphylaxis.*
- *An undiagnosed person is having their first episode of anaphylaxis, and was not previously known to be at risk (e.g. a child having their first reaction at school). This is dependent on (a) local policies that allow administration under those circumstances, and (b) education of caregivers about the recognition of anaphylaxis and training in adrenaline autoinjector administration.*

Administration

- *It is reasonable for a person without specific first aid training in anaphylaxis to administer an adrenaline autoinjector in an emergency if there is no other person nearby who has had basic training in the use of an adrenaline autoinjector.*
- *The person administering first aid should have reasonable grounds for believing that the person is having an acute allergic reaction. Symptoms and signs of anaphylaxis are shown on the ASCIA First Aid Plan for Anaphylaxis (ORANGE), which should be stored with an adrenaline autoinjector for general use.*
- *Instructions for giving an adrenaline autoinjector are shown on the barrel of the device, package insert and the device specific ASCIA First Aid Plan for Anaphylaxis and ASCIA Action Plan for Anaphylaxis.*
- *If a person is in doubt, an adrenaline autoinjector should be given, as outlined on the ASCIA First Aid Plan for Anaphylaxis, ASCIA Action Plan for Anaphylaxis and ASCIA Action Plan for Allergic Reactions.*

² “Fact Sheet: Accessing Medicines for Management of Asthma and Anaphylaxis in the Community” October 2019 Queensland Health (accessed on-line April 2020)

https://www.health.qld.gov.au/_data/assets/pdf_file/0020/443801/fs-25-asthma-first-aid.pdf

- *All adrenaline autoinjectors, whether they are prescribed or for general use, can only be used once and should be replaced by the expiry date, or immediately after they are used.*
- *If another individual's adrenaline autoinjector is used in an anaphylaxis emergency, when there is no adrenaline autoinjector for general use available, it would be essential that the device is immediately replaced by the institution, purchasing the same brand of adrenaline autoinjector at a local pharmacy.*
- *If the individual whose adrenaline autoinjector has been used has anaphylaxis before their adrenaline autoinjector is replaced, they should be taken immediately to hospital by ambulance.”³*

IMPLEMENTATION

Administering First Aid

- In the event of an incident or accident first aid should be, where reasonably practicable, provided by an educator with current first aid qualifications as prescribed under the Regulation.
- In the instance where an educator with current first aid is delayed in attending to the injury/illness first aid should be applied by another person with suitable knowledge and skills while awaiting the attendance of the qualified educator.
- Where first aid has been provided to a child during the course of care at the service, the educator who provided the first aid must complete an Incident, Injury, Trauma and Illness Form and ensure that this is provided to, and signed by, the parent or authorised person who collects the child. Refer to the Incident, Injury, Trauma and Illness Policy. Under regulation 86 the parent should be *“notified as soon as practicable, but not later than 24 hours after the occurrence if the child is involved in any incident, injury, trauma or illness while the child is being educated and cared for”*.
- It should be noted that a first aid qualified person is required where the injury/illness requires first aid knowledge. Injuries and illnesses that do not require knowledge of first aid such as the application of a bandaid or washing a minor graze can be performed by another educator who does not hold a current first aid qualification.

First Aid Qualifications

- All educators are strongly encouraged to keep their first aid qualification current as prescribed under the regulation. The cost of first aid is the responsibility of the educator as it is a qualification that is transferable outside of the service.
- Nominated Supervisors and others responsible for rostering must ensure that there is at least 1 person on-site AT ALL TIMES that care is being provided to children who has a current first aid qualification as prescribed under the Regulation 136;
 - (1) The approved provider of a centre-based service must ensure that each of the following persons are in attendance at any place where children are being educated and cared for by the service, and immediately available in an emergency, at all times that children are being educated and cared for by the service—
 - a) at least one staff member or one nominated supervisor of the service who holds a current approved first aid qualification;
 - b) at least one staff member or one nominated supervisor of the service who has undertaken current approved anaphylaxis management training;
 - c) at least one staff member or one nominated supervisor of the service who has undertaken current approved emergency asthma management training.

³ *“Anaphylaxis emergency medication (adrenaline [epinephrine] autoinjectors) for general use” ASCIA*
<https://www.allergy.org.au/hp/anaphylaxis/adrenaline-autoinjectors-for-general-use> (accessed on-line April 2020)

- (4) The same person may hold one or more of the qualifications set out in subregulation (1).
- Careful consideration should be given to the event of illness or in attendance of an educator with first aid qualifications and as such Nominated Supervisors and others responsible for rostering should ensure there are multiple educators who can fulfil this requirement.
- As it is a requirement that our service complies with this requirement, educators who are not suitably qualified may have restrictions placed on their rostered shifts if they are unable to contribute to this requirement.
- Nominated Supervisors are responsible for ensuring that qualifications are approved under the regulations by visiting ACECQA. Note some course codes apply for more than one qualification. Visit <http://www.acecqa.gov.au/educators-and-providers1/qualifications>
- Nominated Supervisors and Approved Providers must systematically and regularly monitor the currency and validity of first aid qualifications.

First Aid Kits

- Nominated Supervisors must ensure that first aid kits are fully stocked and that no products have expired. This task may be delegated to another educator or an external first aid supply company but ultimately remains the responsibility of the Nominated Supervisor.
- A range of first aid kits should be available at the service including portable kits for use in outdoor playgrounds and on excursions. Educators may choose to use a “belt bag” or similar device for excursions.
- Educators and Nominated Supervisors should discuss how many first aid kits are appropriate for their individual situation.
- The location of first aid kits must be clearly signed.
- Emergency medication should not be accessible to children but should not be kept in a locked cupboard or vessel which may delay access to this.
- First aid kits should be in a number of locations so that there is quick and easy access from all areas of the service.
- The location of first aid kits should be easily accessible and well signed.
- Educators should be advised on the location of kits during induction and on a regular basis.
- The service should have procedures on the administration of first aid to children, this may include posters, factsheet and/or first aid manuals.

Emergency Medication for General Use at Service

- Emergency medication (auto injector or inhaler) may be stored at the service for instances where the allergy may be a first time reaction or where a serious reaction requires an additional dose.
- The administration of emergency medication (auto injector or inhaler), as stocked in first aid kits, which has not been supplied by a parent or educator for a diagnosed condition such as Anaphylaxis or Asthma, should be used under the following guidance provided by it may only be administered by persons with the Anaphylaxis and Asthma Qualifications and with advice from ASCIA;
 - It is preferred to be administered by a person with approved and current emergency first aid (Anaphylaxis and Asthma), however if this is not reasonably practicable urgently in an emergency situation, it is reasonable for a person without specific first aid training to administer.
 - The person administering should have reasonable grounds for believing that the person is having an acute allergic reaction or having a an asthma attack.

- o An Ambulance must be called immediately by a second person when there is an identified need to administer these forms of medication.
- o Medical attention must be sought in these instances and parent/guardians advised as soon as is practicable.
- o Permission is sought on the enrolment form for educators to “seek and/or provide medical and/or emergency treatment”.
- o Where children have a management plan in place qualified staff can administer these medications without medical advice or instruction by emergency personnel.

COMMUNICATION AND CONSULTATION

- Educators and families will have access to this policy at all times.
- Educators and families will be provided with opportunities to be involved in the review of this policy.
- Educators should discuss first aid requirements for their situation with Nominated Supervisors.
- Educators will be advised upon employment of this policy and the first aid requirements under the Regulation.

RELATED FORMS AND DOCUMENTS

- Educator Details Form and certified documents
- Incident, Injury, Trauma and Illness Form
- Incident, Injury, Trauma and Illness Policy
- Educator Induction Checklist

SCOPE AND ENFORCEMENT

The failure of any person to comply with this policy in its entirety may lead to;

- Performance management of an employee which may lead to termination

RECOGNISED AUTHORITIES AND DOCUMENTS WHICH GUIDE POLICY

- “Guide to the National Quality Framework” Australian Children’s Education & Care Quality Authority January 2020
- “Education and Care Services National Regulations”, Ministerial Council for Education, Early Childhood Development and Youth Affairs (December 2019)
- ACECQA website – qualifications (accessed on-line April 2020)
<http://www.acecqa.gov.au/educators-and-providers1/qualifications>
- Fact Sheet: Accessing Medicines for Management of Asthma and Anaphylaxis in the Community” October 2019 Queensland Health (accessed on-line April 2020)
https://www.health.qld.gov.au/_data/assets/pdf_file/0020/443801/fs-25-asthma-first-aid.pdf
- “Anaphylaxis emergency medication (adrenaline [epinephrine] autoinjectors) for general use” ASCIA <https://www.allergy.org.au/hp/anaphylaxis/adrenaline-autoinjectors-for-general-use> (accessed on-line April 2020)

DATE CREATED: November 2011

REVIEW DETAILS:

Review Date	Details of Changes
July 2012	Inclusion of centre supplied emergency medication, permission and administration

January 2013	No changes made, sources updated where applicable
March 2013	Removal of transition statements which were only applicable up until 31 st December 2012
January 2014	No changes made, sourced updated where applicable
May 2015	No changes made, sourced updated where applicable
April 2016	No changes made, sourced updated where applicable
May 2017	<p>Sources updated. Inclusions</p> <ul style="list-style-type: none"> Nominated Supervisors are responsible for ensuring that qualifications are approved under the regulations by visiting ACECQA. Note some course codes apply for more than one qualification. Visit http://www.acecqa.gov.au/educators-and-providers1/qualifications Information on the location of and signage of first aid kits Emergency medication should not be accessible to children but should not be kept in a locked cupboard or vessel which may delay access to this.
April 2018	<ul style="list-style-type: none"> Updated source to <i>“Guide to the National Quality Framework”</i> Australian Children’s Education & Care Quality Authority Feb 2018, quotes in rationale updated but no change to implementation Updated latest versions for other sources <p>Included in Implementation:</p> <ul style="list-style-type: none"> Nominated Supervisors and Approved Providers must systematically and regularly monitor the currency and validity of first aid qualifications. The location of first aid kits should be easily accessible and well signed. Educators should be advised on the location of kits during induction and on a regular basis. The service should have procedures on the administration of first aid to children, this may include posters, factsheet and/or first aid manuals. Qld separated – inclusion of new laws from March 2018 about purchase of emergency medication.
September 2018	<ul style="list-style-type: none"> Inclusion of exact first aid requirements as listed in regulation 136 under rostering. Expanded on the information about notifying parents by including the specifics of regulation 86 <i>“notified as soon as practicable, but not later than 24 hours after the occurrence if the child is involved in any incident, injury, trauma or illness while the child is being educated and cared for”</i>.
May 2019	<ul style="list-style-type: none"> Updated source to <i>“Guide to the National Quality Framework”</i> Australian Children’s Education & Care Quality Authority October 2018 but no change to implementation.
April 2020	<ul style="list-style-type: none"> Updated sources Updated Rationale information around emergency medication for general use in first aid kits. Implementation - change to the persons able to use a general use adrenaline autoinjector in the event of an emergency.