

Implement this procedure alongside *Child/Centre Incident Reporting Procedure –Branch/Affiliate*, *Administration of Medication Procedure* and *Exclusion Due to Illness Procedure*.

## General Responsibilities

### Director or Responsible Person in Charge will:

- Prominently display children's Medical Management Plans and relevant *First Aid Action Plans*.
- Display a green cross on all first aid kits.
- Adequately stock and maintain first aid kit(s). Undertake regular audits against inventory list (appendix 1 of this procedure).
- Replace and dispose of products when used or beyond their expiry date.

### Teachers and educators will:

- Maintain current approved first aid qualifications as per *First Aid Procedure*.
- Not administer first aid, if first aid qualifications are no longer current.
- Never permit students, volunteers and external contractors to administer first aid.
- Place first aid kits in a location that is inaccessible to children, but readily available to teachers/educators.
- Take a first aid kit(s) on excursions.

## Administering First Aid

### Teachers and educators will:

1. Wash hands.
2. Assess injury. Consider known medical needs (if applicable).
3. Administer *first aid*.
4. Wear disposable gloves if bodily fluids (such as blood) are visible.
5. Wash hands after first aid has been administered.
6. In the event of a medical emergency\*:
  - **Immediately telephone 000 for an ambulance\***.
  - If required, provide first aider with first aid kit.
  - Ensure effective supervision of all children.
  - If required, move other children away from the injured child and comfort children who may be distressed.

**\*Examples of a medical emergency** include but not limited to: A seizure, compound fracture, significant blood loss, unconsciousness for any length of time, child has swallowed an unidentified or hazardous item, difficulty breathing, child with anaphylaxis exposed to an allergen or displays signs of an allergic reaction, child (not previously diagnosed with Asthma) experiencing a suspected acute asthma episode at centre

\*When educator to child ratios (Reg. 123) can be maintained at the centre, an educator may accompany a child in an ambulance.

## Head injuries

### Teachers and educators will:

- **Understand and recognise** possible signs and symptoms of concussion, including:
  - Physical - headache, nausea, dizziness, fatigue, vision loss, poor balance, noise sensitivity, sleep disturbances
  - Emotions - anxiety, irritability, sadness
  - Cognition - fogginess, confusion, memory loss
- **Understand** bump size or presence of blood is not a reliable indicator of concussion or seriousness of a head injury.
- **Closely monitor signs and symptoms of concussion whenever a child knocks or has injured their head and face**; even those suspected as mild.
- **Immediately telephone 000 for an ambulance** when a child displays or experiences:
  - loss of consciousness for any length of time
  - seizure, convulsion or fit
  - confusion, memory loss, drowsiness or appears less responsive
  - vision loss or double vision
  - body weakness or numbness/tingling
  - neck pain or tenderness
  - vomits more than once
  - severe or increasing headache
  - restlessness, agitation, combative behaviour

## Cuts and abrasions

### Teachers and educators will:

1. Stop any bleeding by applying pressure with clean cloth or bandage.
2. Clean wound by rinsing it with clean water/sterile saline solution. Pick out any dirt or debris with tweezers.
3. Dry wound by patting the surrounding skin with a clean pad or towel.
4. Cover wound (small wounds can be left uncovered) with a non-stick dressing; avoid tape on fragile skin. If wound is in an area that is difficult to dress (such as the scalp), keep area clean and dry.

## Ticks

### Teachers and educators will:

1. Not attempt to remove or disturb the tick.
2. Promptly notify child's parent/guardian by telephone. Instruct parent/guardian to collect their child and recommend they seek medical assistance to safely remove tick.
3. Monitor child closely until parent/guardian arrives.
4. If child displays a adverse or significant reaction, **immediately telephone 000** and follow operator directions.

## References and resources

- Safe Work Australia (2019). *First Aid in the Workplace Code of Practice*
- St Johns (2024). *First Aid Facts*

## Appendix 1 - First Aid Kit Inventory

Centres are encouraged to print this page and display within all first aid kits

The following inventory is a guide only. First aid contents must be responsive to known site hazards, past incidents, and site location/size. Additional items may be added in response to site needs or activities offered (e.g. excursion or event).

Item	Expiry Date	OK ✓	Disposed of and ordered* ✓
Adhesive strips (assorted sizes)			
Non-allergenic adhesive tape			
Eye pads			
Triangular bandage (a sling to immobilise <u>injured limbs</u> , or as a pad to control bleeding or protect injuries)			
Crepe bandages (light support for <u>sprains and strains</u> )			
Wound/combine dressings to control bleeding and for covering wounds			
Disposable hand towels			
Non-adhesive dressings (to cover <u>wounds</u> and <u>burns</u> )			
Safety pins to secure bandages and slings			
Stainless steel scissors and tweezers			
Kidney dish for holding dressings and instruments			
Small dressings' bowl for holding liquids			
Gauze squares for cleaning wounds			
Disposable nitrile gloves			
Sharps disposal container			
Sterile saline solution: to flush <u>debris from eyes</u> / irrigating abrasions/ cuts			
CPR protection mask			
Plastic bags for waste disposal			
Cold pack (disposable)			
Thermometer			
Thermo/shock blanket help manage body temperature			
Notepad and pencil			
Liquid Paracetamol			
Emergency Salbutamol Inhaler (asthma medication), spacer and mask			
Emergency EpiPen			
<b>Audit completed by:</b>			
<b>Audit date:</b>			

\*Inform Centre Director to order new product/item