ADMINISTRATION OF FIRST AID PROCEDURE

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

Working in conjunction with the *Administration of First Aid Policy* and *Incident, Injury, Trauma and Illness Policy*, this procedure provides detailed steps for educators to follow if they witness or is made aware of a medical emergency involving a child or adult at the service.

Education and Care Services National Law or Regulations (R.12, 85, 86, 87, 88, 89, 94, 97, 136, 161 and 162) NQS QA 2: Element 2.1.1, 2.1.2, 2.2.1 and 2.2.2 Health practices and procedures
Related Policies: Administration of First Aid Policy and Incident, Injury, Trauma and Illness Policy

EMERGENCY RESPONSE		
1	The Approved Provider, Nominated Supervisor and educators will review the Service's *Administration of First Aid Policy* every 12 months to ensure an awareness of appropriate actions to undertake during a medical emergency	
2	The educator who witnesses or is made aware of a medical emergency involving a child or adult at the service will assess the situation and begin to administer immediate first aid. If the educator does not hold a first aid certificate, they will inform the first aid officer and assist where necessary.	
3	The first aid responder will ensure the safety of themselves and others and implement first aid following the DRSABCD • Danger • Response • Send for Help • Airway • Breathing • CPR • Defibrillation	
4	The first aid responder is to assess if emergency services are required. The first aid responder will send for help for emergency services by calling triple zero 000.	
5	The medical emergencies listed below may require emergency services, however this is not an exhaustive list. • chest pain or chest tightness • sudden onset of weakness, numbness or paralysis of the face, arm or leg • breathing difficulties for any reason • unconsciousness • uncontrollable bleeding • a sudden collapse or unexplained fall	

	• unexplained fitting in adults • injury from a major car accident • a fall from a great height • has an injury to their head, neck or back • serious assault • severe burns, particularly in young children • infants under 3 months old who have a temperature above 38°C • poisoned from hazardous chemicals, substances, plants or snake or spider bite	
6	The Nominated Supervisor/Responsible Person or first aid responder will arrange for the ambulance or emergency services to be met at the front of the service and shown to the area where the child or adult is located	
7	The Nominated Supervisor/Responsible Person and educators will ensure the child or adult is in no immediate danger and assist to remove other children from the area if required	
8	The Nominated Supervisor/Responsible Person will ensure adequate supervision for other children within the service	
9	The Nominated Supervisor/Responsible Person will arrange for an educator to accompany the child or adult in the ambulance to the hospital, whilst ensuring ratios are maintained at the service	
10	The Nominated Supervisor/Responsible Person or first aid responder will review the child's medical information including any medical information divulged on the child's enrolment form, Medical Management Plan **before** the first aid responder attends to the injury or ill child or adult if applicable. If the illness or incident involves asthma or anaphylaxis, an educator with approved asthma or anaphylaxis training will attend to the child or adult following their Medical Management Plan or Action Plan. If the illness or incident involves a pre-existing medical condition the educator will attend to the child or adult following their Medical Management Plan or Action Plan.	
11	The Nominated Supervisor/Responsible Person will notify the parent or emergency contact, informing them that the child or adult requires medical attention. The parent/authorised person will be requested to either: • come immediately to the service premises or place of incident/injury/illness or • meet the ambulance at the hospital	
12	The Director/Nominated Supervisor will ensure the *Incident, Injury, Trauma and Illness Record* is completed in its entirety and the parent and the regulatory authority are notified as soon as possible and within 24 hours of the injury, illness or trauma.	

MINOR ILLNESS, INCIDENT OR INJURY		
1	The educator who witnesses, or is made aware of an incident, injury, trauma or illness involving a child or adult at the service will begin to administer immediate first aid. If the educator does not hold a first aid certificate, they will inform the first aid officer and assist where necessary.	

2	The first aid responder is to administer first aid utilising the first aid kit as required	
3	The first aid responder will closely monitor any child who appears unwell and if any symptoms described below are noticed, or the child is not well enough to participate in normal activities, parents or an emergency contact person will be contacted to collect the child as soon as possible. Behaviour that is unusual for the individual child may include: • high temperature or fevers • loose bowels • faeces that are grey, pale or contains blood • vomiting • discharge from the eye or ear • skin that displays rashes, blisters, spots, crusty or weeping sores • loss of appetite • dark urine • headaches • stiff muscles or joint pain • difficulty in swallowing or complaining of a sore throat • persistent, prolonged or severe coughing • difficulty breathing • a stiff neck or sensitivity to light	
4	The first aid responder will move any child who is displaying symptoms of a contagious illness or virus (vomiting, diarrhoea, fever) away from the rest of the group and supervise until he/she is collected by a parent or emergency contact person.	
5	The Nominated Supervisor/Responsible Person will notify the parent or emergency contact, informing them that the child has received medical attention by the first aid responder	
6	If emergency services are not required, however the first aid responder determines the child should seek medical attention, the parent or emergency contact will be notified and requested to collect the child and advised medical attention should be sought by a medical practitioner.	
7	In the case of a serious incident, the Director or Nominated Supervisor will ensure the *Incident, Injury, Trauma and Illness record* is completed in its entirety and the parent and the regulatory authority is notified as soon as possible and within 24 hours of the injury, illness or trauma.	

HEAD INJURY

Where a child has received any injury to the head, no matter how minor, educators must contact the parents/guardian as soon as possible and take a photo and send a photo via Kindyhub to the parents/guardians. Educators must be aware that any injury to the head may develop into a serious incident or injury. if a child or adult becomes unconscious due to a head injury, you should also suspect a spinal injury and should treat the casualty as such.

The following is the standard protocol for head injury first aid:

	Follow DRSABCD (Danger, Response, Send for Help, Airway, Breathing, CPR, Defibrillation) Treatment varies for conscious or unconscious casualties		
		CONSCIOUS CASUALTIES	UNCONSCIOUS CASUALTIES
	STEP 1	If the patient is conscious and no spinal injury is suspected, place the patient in a position of comfort (usually lying down) with their head and shoulders slightly raised.	If the patient is unconscious and a neck or spinal injury is suspected place the patient in the recovery position, carefully supporting the patient's head and neck, and avoid twisting or bending during movement.
	STEP 2	Control any bleeding with direct pressure at the point of bleeding. If you suspect the skull is fractured, use gentle pressure around the wound.	Ensure the patient's airway is clear and open. Keep the patient's airway open by lifting their chin. Do not force if the face is badly injured.
	STEP 3	If blood or fluid comes from the ear, secure a sterile dressing lightly over the ear. Lie the patient on their injured side, if possible, to allow the fluid to drain.	Call triple zero (000) for an ambulance.
	STEP 4	Seek medical aid	

FIRST AID TREATMENT FOR WOUNDS

The most important thing to do is to try and stop the bleeding. If available, put on clean disposable gloves or clean your hands first with hand sanitiser, but do not delay treating the wound if these are not close by.

- Use a clean, dry cloth to apply pressure directly to the wound
- Apply pressure for five minutes

Thoroughly cleaning the wound will reduce the risk of infection. However, there is no need to use anything other than water as other substances may irritate the injured skin or cause a delay in the wound healing. Antiseptic creams are not recommended and do not help the wound to heal.

	MINOR WOUNDS	MORE SERIOUS WOUNDS
STEP 1	Minor wounds do not usually require any medical attention but can be managed with standard first-aid procedures. After removing pressure, the bleeding should have slowed to a trickle or have stopped altogether.	As with minor wounds, try to stop the bleeding by applying pressure to the area. **Contact emergency services on 000 in the following situations.** Ensure parents/guardians are contacted as soon as possible and provided with information about their child.
STEP 2	• If bleeding continues, reapply pressure and seek urgent medical attention. If this is not possible call the ambulance. • If bleeding has stopped or slowed, rinse the wound and surrounding area with water. If you can see any dirt or debris in the wound, use tweezers (cleaned first with hot water, alcohol swabs or sanitiser lotion) to remove any particles. If there is dirt or debris you can't remove, the child should seek medical attention. Very small amounts of dirt are OK in grazes. • Cover the wound with a dressing (e.g., Band-Aid) or a small bandage. This will help to keep the wound clean and will protect the area from further knocks as it heals. Keeping the wound covered also keeps the wound moist, which aids healing	• there is a large amount of bleeding that does not quickly stop • the wound is very deep or is a deep puncture wound • the cut or laceration is deep and is over a joint (e.g., a knee, wrist or knuckle) • a human or animal bite caused the wound • you cannot get the wound clean • the child has not had a tetanus vaccination within the last five years • the wound is gaping apart, despite controlling the bleeding. It may need closing with glue or stitches. Clean with water, cover the wound. Ensure medical attention is sought as soon as possible. • the wound has something sticking out of it, such as a piece or glass or a stick. Do not try to remove the object. Continue to apply pressure to the wound around the object.

PROCEDURE FOR WOUNDS TO THE HEAD

1	Educators will follow First Aid Procedure for the wound/ injury. Assess if emergency medical attention is urgently required- call 000 for emergency services if required	
2	When a child receives any injury/incident to the head area, educators must notify the child's parent/guardian or emergency contact person and take a photo and send via Kindyhub as soon as possible. Record time and date of notification to parent	
3	Educators will continue to administer first aid and/or monitor the child until parent/guardian arrives at the Service, or emergency services arrive and take over treatment	
4	Educators will complete *Incident, Injury, Trauma or Illness Record* accurately and in a timely manner as soon after the event as possible (within 24 hours).	
5	Educators will ensure parental acknowledgement of the notification of the incident/injury/trauma is provided on the *Incident, Injury, Trauma and Illness Record*	
6	The Nominated Supervisor will notify the Regulatory Authority within 24 hours of a serious incident if urgent medical attention was required and/or emergency services attended the Service	
7	The Nominated Supervisor will ensure notification to made to SafeWork NSW (or relevant authority) in event of serious injury/incident (Work Health and Safety Laws)	
8	Educators will advise the parent/guardian, that following a serious head injury, the child may return to the Service with a medical clearance and details of activities permitted over a gradual time frame provided by a registered general practitioner.	

CALLING FOR AN AMBULANCE		
1	All staff have a duty of care to contact an ambulance immediately in case of an emergency	
2	**Dial 000** and be prepared to answer the following: • the address of where the ambulance is required and the closest cross street • what the problem is • how many people are injured • the child/person's age • the child/person's gender • if the child/person is conscious and • if the child/person is breathing	

REVIEW OF PROCEDURE			
Date procedure created	30/05/2023	To be reviewed	Nov 25
Approved by	Krystle Hills	Signature	
Procedure Reviewed Date	Modifications/Changes		
November 2024	Procedure reviewed: Minor Edits		