

## POLICY AND PROCEDURE

Document Name:	Administration of First Aid to Children
Review Dates:	10/01/2020; November 2023; November 2028
Review Cycle:	3 years
Approved By:	Director
Approval Date:	10/11/2025

### ADMINISTRATION OF FIRST AID TO CHILDREN

#### 1. POLICY STATEMENT AND/OR PURPOSE

The aim of this procedure is to implement best practice and management of conditions associated with children who have health support needs.

By providing clear guidelines and expectations to Educators working with children with health support needs, the needs of all children can be managed effectively. Services rely on and value the co-operation of parents/guardians, medical practitioners, health services and relevant agencies to support them in this role and will work in conjunction with all stakeholders to ensure the health needs of children are met.

This procedure requires every child enrolled at a CELC service who has health issues to have an individualised health plan.

#### 2. APPLICATION

This procedure applies to all Catholic Early Learning and Care Services in the Diocese of Cairns during all on-premises activities and excursions.

#### 3. PROCEDURE

##### First Aid

##### **The Purpose of First Aid**

First Aid means the immediate care given to an ill or injured person until more advanced care arrives or the person recovers.

##### **First Aid Qualifications and Professional Development of Educators:**

Under the Education and Care Services National Law, Services must ensure Educators are suitably qualified in First Aid. Acceptable Course Codes can be sourced from [ACECQA](#)

*Section 136 of the regulations states every service requires:*

*(a) at least one educator who holds a current approved first aid qualification;*

*(b) at least one educator who has undertaken current approved anaphylaxis management training; (c) at least one educator who has undertaken current approved emergency asthma management training.*

- First Aid will be administered by an Educator with current First Aid and CPR qualifications.
- Minor First Aid, such as the application of band aids or ice packs, may be provided by any Educator.
- Copies of First Aid qualifications are kept at the service in the designated register.
- Employee induction includes an induction to the *Administration of First Aid* policy.

**The Nominated Supervisor/Responsible Person will:**

- Ensure the skills and competencies of trained first aiders are maintained and skills are kept up to date; refresher first aid and CPR training will be scheduled and maintained in the designated staff register
- Collaborate and consult with Educators to develop and implement Risk Minimisation and Communication Plans.
- Ensure first aid guides and publications are accessible to Educators at all times to assist them in their understanding and administration of first aid.
- Ensure a person with current first aid and CPR qualifications is present at all times that the service is in operation.
- Provide a quiet and supervised location for unwell children.

**Administration of First Aid to children:**

**The Nominated Supervisor/ Responsible Person will:**

- Ensure that enrolment records for each child include a signed consent form for the administration of First Aid and the approved products to be used
- Review, sign off and publish incidents reports for parents to sign in OWNA
- While administering first aid to injured child, Ensure appropriate strategies are in place to continue adequately providing active supervision for all other children in care
- Ensure that the person who administered the first aid completes the incident/illness/trauma report in OWNA.
- Advise the Operations Manager immediately if there has been a reportable incident (that is, one involving any kind of medical treatment or the involvement of emergency services).

**First Aid Response:**

**If an ambulance is required**

- An ambulance will be called if the ill or injured child requires further medical assistance. This decision is to be made by the Nominated Supervisor/Responsible person on duty.
- Take steps that are necessary and feasible to ensure the safety of all other children. \*This may mean locking down all remaining children in a contained space with limited Educators so others can assist with the emergency including greeting the Ambulance/calling parents/emergency contacts
- Telephone '000' and ask for an ambulance.
- Describe the situation, age of person, current medical condition of person.
- Adhere to any instructions given by the emergency services.
- Have someone go to meet the ambulance.
- Telephone child/educator's caregivers or emergency contacts and inform of situation.
- The child is not to go in the ambulance alone under any circumstances. If there are only two staff present at the service, call your Operations Manager or CELC Director immediately to discuss options. In the event you are unable to contact any management and the ambulance must leave, the RP on duty must stay at the service with compromised ratio while alternate staff member accompanies the child with their mobile phone in the ambulance. Remaining staff member needs to contain children in a low risk, secure space until assistance arrives.
- Contact parents or emergency contacts as soon as feasible. If possible, one staff member would contact the parents while the NS or RP contacts the ambulance. Maintain contact with the parent or emergency contact throughout the process and update them on the child's condition and whereabouts.

### **First Aid Sign:**

The use of well recognized, standardized first aid signs assists people to easily locate first aid equipment and facilities. Examples of suitable signs should comply with AS13119-safety signs for the occupational Environment.



### **First Aid Equipment:**

- A first aid kit must provide for, not only children, but also for educators in case of injury.
- The service is supplied with an appropriate number of first aid kits for the number of children being educated and cared for by the service.
- There must be one first aid kit per 60 children in the service.
- The first aid kits are suitably equipped, easily accessible and recognisable.
- First aid kits are carried on excursions.
- Educators will regularly monitor supplies and update stock as required.
- Educators will discard and replace out of date stock.
- The first aid checklist, saved in OWNA, must be checked and updated **every month**.

### **Adrenaline Auto injectors and Asthma in First Aid Kits**

Each CELC Service will keep a general adrenaline auto injector and asthma medication. These are not used for individuals at high risk of anaphylaxis/asthma who have their own prescribed adrenaline autoinjector/s/asthma medication. These adrenaline auto-injector/asthma medications are for emergency situations and may be administered to individuals who appear to have anaphylaxis/asthma but have not been previously diagnosed to be at risk of anaphylaxis/asthma.

The following action plans are to be used by Educators administering general adrenaline auto injector and asthma medication:

- Asthma First Aid – General
- Action Plan for Anaphylaxis – General

*Education and Care Services National Regulations Section 94. Exception to authorisation requirement – anaphylaxis or asthma emergency.*

- *Despite regulation 93 (Administration of medication), medication may be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency.*
- *If medication is administered under this regulation, the approved provider or nominated supervisor of the education and care service must ensure that the following are notified as soon as practicable —* ○ *a parent of the child;* ○ *emergency services.*

General adrenaline auto-injectors may be required in the following situations:

- An individual who is known to be at risk of anaphylaxis does not have their own device immediately accessible or the device is out of date; or

- A second dose of adrenaline is required before an ambulance has arrived; or
- An individual's device has misfired or accidentally been discharged; or
- A previously diagnosed individual with mild allergy who was not prescribed an adrenaline autoinjector has their first episode of anaphylaxis;
- Or less commonly an undiagnosed individual is having a first episode of anaphylaxis and was not previously known to be at risk (e.g. a child having their first reaction at the service).

#### **Asthma and Anaphylaxis Items included in the First Aid Kit:**

- Adrenaline auto-injector – junior for preschool aged children centres and adult for OSHC services. • Blue reliever puffer (inhaler) e.g. Airomir, Asmol, or Ventolin
- A spacer device that is compatible with the puffer. This may be a large volume spacer (e.g. Volumatic) or a small volume spacer with a removable mask (e.g. Breath-a-tech, Aero chamber or Able Spacer)
- A face mask compatible with the spacer for use by children under the age of 5
- 70% alcohol swabs for cleaning of devices
- Devices (puffers, spacers and face masks) from the first aid kit must be thoroughly cleaned after each use, to prevent cross infection. In most cases a child will use his/her own puffer, spacer and face mask.

Devices can be easily cleaned by following these steps:

- Ensure the canister is removed from the puffer container (the canister must not be submerged) and the spacer is dismantled.
- Wash devices thoroughly in warm water with kitchen detergent.
- Do not rinse ○ Allow devices to “air dry”. Do not rub dry.
- When dry, wipe the mouth piece inside and outside with a 70% alcohol swab (e.g. Medi-Swab available from pharmacies) ○ When completely dry, ensure the canister is replaced into the puffer container and check the device is working correctly by firing one or two “puffs” into the air.
- A mist should be visible upon firing.

**If any device is contaminated by blood, dispose of it safely and replace the device.**

## **4. BREACHES OF THIS POLICY**

Appropriate disciplinary action will be taken against a person who is found to have breached the requirements contained within this document. Action taken will depend on the nature and circumstance of each breach and could include: an official warning and note on the individual's personnel file; a formal written and/or verbal apology; counselling; demotion; transfer; or suspension or dismissal for very serious matters.

## **5. ENQUIRIES**

Catholic Early Learning and Care Executive Director - [admin@cclc.catholic.org.au](mailto:admin@cclc.catholic.org.au)

## **6. SEE ALSO**

- Immunisation & Exclusion
- Incident Management
- Enrolment and Orientation
- Record Management
- Inclusive Practices
- Training and Professional Development
- Checklist
- 'We Currently Have' – Poster
- Medication Administration

#### Asthma

- Asthma Emergency Poster 1
- Asthma Emergency Poster 2
- Asthma Emergency Poster 3
- Asthma Emergency Poster 4
- Asthma Medication Chart
- Asthma First Aid in OSHC
- Asthma First Aid in Childcare

#### Anaphylaxis

- Allergic Reactions
- Anaphylaxis First Aid
- Adrenaline Auto Injectors
- Parent Fact Sheet
- Students Fact Sheet

#### Diabetes

- Diabetes Flip Chart
- Guidelines for Queensland Student with Diabetes
- Insulin Pumps at School
- Insulin Pen Device
- Monitoring Blood Glucose

#### Action Plans

- Asthma Action Plan
- Individual Anaphylaxis Action Plan
- Individual Allergic Reaction Plan
- Individual Hypoglycaemia Action Plan
- Individual Diabetes Action Plan
- Individual Food and Other Medic Alert
- Action Plan for Anaphylaxis – General
- Asthma First Aid – General Chart

#### Health Care Plans

- Diabetes Health Care Plan

## 7. APPROVAL



Alison Forster, Director  
Catholic Early Learning and Care

**Date: 10/11/2025**