



# First Aid Procedure

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## **Policy**

The First Aid Procedure falls under the Incident, Injury, Trauma and Illness Policy. Hawthorn Early Years will maintain a set of procedures to manage incidents, injury, trauma and illness within the Service including the provision of relevant training for employees. The Service will manage incidents promptly with a focus on the children's health and wellbeing and report any incident to parents, and where applicable, the relevant authorities within mandated timeframes.

## **Application of Procedure**

This procedure applies to the Approved Provider, the Board of Hawthorn Early Years all subcommittees of the Board of Management, employees, students, volunteers, families, children and others attending the programs and activities of Hawthorn Early Years.

## **Hawthorn Early Years is committed to:**

Providing a safe and nurturing environment for children and employees where the risk of accidents and incidents are reduced through robust policies, procedures and practices. When injuries or incidents occur they are managed quickly with professional care.

## **Hawthorn Early Years will:**

### **Risk Management**

Ensure that every reasonable precaution is taken to protect children at the Service from harm and hazards that are likely to cause injury.

Validate that all educators maintain approved first aid training qualifications and that the training details are recorded on each employee's file.

Ensure a risk assessment is conducted prior to an excursion to identify risks to health, safety, or wellbeing and specifying how these risks will be managed and minimised.

### **First Aid Equipment**

Assess the first aid requirements for the Service, by considering the:

- number of employees and children enrolled in the Service.



- location of the closest medical clinic and hospital, with an accident and emergency department.
- type and how many first aid kits are maintained at the Service, their location, completeness against the content list.
- evaluation of first aid procedures following an event that requires first aid treatment, to determine its effectiveness (i.e. what worked well and what would need to be done differently).

Provide and maintain an appropriate number of up-to-date, fully equipped first aid kits and clearly show the location of these kits on safety signs.

Advise families that a list of first aid products used by the Service is available for their information, and that first aid kits can be inspected on request.

Ensure a resuscitation flow chart is displayed in a prominent position in the indoor and outdoor environments of the Service.

Provide and maintain a portable first aid kit in all excursion bags so that first aid kits are available for excursions and other activities.

### **Employee Training and Management**

Include in the induction process for all new permanent, casual and relief employees, information on the location of first aid kits and specific first aid requirements.

Appoint an employee to be the nominated as the first aid officer (refer to the Emergency Management Plan).

Ensure that employees are offered support and debriefed following a serious incident requiring the administration of first aid.

### **Notification and Reporting**

Ensure that parents are notified within 24 hours if their child is involved in an incident, injury, trauma or illness at the Service that requires the administration of first aid, and the recording of relevant details in the Incident, Injury and Trauma Record or Illness Record, as appropriate.

Report any serious incident to the Regulatory Authority as soon as possible and, in any event, within 24 hours of the incident.

Report any notifiable incident involving workplace health and safety that is required by law to be reported to WorkSafe Victoria by telephone within 24 hours and in writing within 48 hours.



### **The nominated first aid officer will:**

Maintain current approved first aid qualifications, and qualifications in anaphylaxis management and emergency asthma management, as required.

Keep up to date with any changes in procedures for administration of first aid and ensure that all employees of the Service are informed of these changes.

Ensure that the Service has an adequate supply of emergency first aid materials and dispose of out-of-date materials appropriately.

### **All employees, volunteers and students will:**

Maintain current approved first aid qualifications, and qualifications in anaphylaxis management and emergency asthma management, as required.

Practice CPR, administration of an auto-injection device, and use of defibrillator at least annually.

Ensure that all children are adequately supervised while providing first aid and comfort for a child.

Ensure a portable first aid kit is taken on all excursions and other offsite activities.

Notify the front office coordinator if first aid supplies are used and need replacing.

Conduct a risk assessment prior to an excursion to identify risks to health, safety or wellbeing and specify how these risks will be managed and minimised.

Ensure that relevant details of any situation requiring the administration of first aid are recorded in the Incident, Injury and Trauma Record or Illness Record, as appropriate.

### **Febrile convulsions:**

All educators working with children are to be aware of the signs and symptoms of febrile convulsions. These include the following:

- the child's muscles may stiffen or jerk
- the child may go blue or red in the face
- the child's eyeballs will roll and usually lose consciousness
- when the movements stop, the child will regain consciousness but is likely to remain sleepy or irritable.

Where a child is experiencing a febrile convulsion, educators are to respond by:



- staying calm / not panicking
- placing the child on a soft surface, lying on his or her side or back
- NOT restraining the child
- NOT putting anything in the child's mouth; the child will not choke or swallow their tongue
- watching exactly what happens, including how long the convulsions last, so that it can be recorded.

Educators are to call an ambulance on 000 if:

- the convulsion lasts more than five minutes
- the child does not wake up / gain consciousness when the convulsion stops
- the child looks very sick when the convulsion stops.

If the convulsion stops in less than five minutes educators are to advise parents that:

- the child should see the family's doctor as soon as possible
- if the child was very unwell before the convulsion, the child should be taken to see a doctor immediately.

In most instances, Febrile convulsions are not harmful to the child, represent no increased risk of epilepsy and do not cause brain damage but are quite upsetting to witness. One child in 30 will have a febrile convulsion between the ages of six months and six years, and most children will only have one.

### **Parents/guardians will:**

Provide written consent, via the enrolment record, for service employees to administer first aid and call an ambulance (at their cost), as required.

Provide a medical management plan signed by a medical practitioner, either on enrolment or immediately upon diagnosis of an ongoing medical condition. This medical management plan must include a current photo of the child and must clearly outline first aid procedures to be followed by educators/employees in the event of an emergency, including administration of medication, relating to the child's specific health care needs. Also refer to Medical Conditions - Policy and Medical Conditions - Procedure.

Be contactable, either directly or through emergency contacts listed on the child's enrolment record, in the event that requires the administration of first aid.

### **See also:**

1. Notification of Incident, Injury and Trauma Policy
2. Notification of Incident, Injury and Trauma Procedure