



## First Aid for Injuries, Trauma and Illness Policy and Procedures

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<b>National Quality Standard</b>	Quality Area 2: Children's Health and Safety

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## Policy Statement

First aid can preserve life, prevent a condition worsening and promote recovery. The Heritage First Aid for Injuries, Trauma and Illness Policy and related procedures have been developed to ensure appropriate first aid measures are applied promptly and efficiently when required and details are correctly documented.

Despite health and safety precautions, sudden illness, injury or trauma may be sustained by children, educators, administrative staff, families or visitors at Heritage. The capacity to provide timely first aid is particularly important in early childhood education and care services as children are vulnerable members of the community and rely on educators to make decisions and take action in their best interests.

Heritage recognises it has a duty of care and legal obligation under the *Work Health and Safety Act 2011* to provide a healthy and safe environment that supports the physical and mental wellbeing of all persons who access the Heritage service, its facilities and programs both on the premises and during off-site excursions. Heritage educators must consider all aspects of wellbeing and acknowledge the importance of risk management to provide a safe environment and to reasonably protect children from potential harm while also understanding that young children have an innate desire to explore and testing their growing capabilities is essential for their healthy development and wellbeing.

This policy meets the requirement for education and care services to have policies and procedures to effectively manage incidents, injuries, trauma and illness that may occur at the service 168(2)(b), and in relation to the administration of first aid (Regulation 168(2)(a)(iv)). Heritage exceeds the requirement under National Regulation 136 to have an appropriately qualified first aider to be on duty and immediately available in the event of an emergency and ensures that all permanent educators have current approved first aid qualifications and have undertaken anaphylaxis and asthma emergency management training. Accurate records are kept of any incident in relation to a child, any injury received by a child, any trauma to which a child has been subjected and any illness that becomes apparent. The records are kept and stored confidentially until the child is 25 years old. (National Regulations 85 and 183).

First aid is provided in response to unpredictable injury, trauma or illness. First aid must always be administered by a qualified staff member, unless it is an immediately life-threatening situation and, in that case, only until a qualified first aider arrives. While the preservation of life is the primary concern, members of staff must be conscious of their responsibility to follow procedures and their possible legal liability. First aiders have a duty of care to provide first aid with a reasonable level of skill which does not further risk the safety of the casualty.

The following are examples of when first aid is required:

- Life threatening injury or illness, such as loss of consciousness leading to respiratory or cardiac arrest.
- Sudden Infant Death Syndrome (SIDS).
- Choking and/or blocked airway.
- Allergic reaction, such as anaphylactic shock to nuts or seafood.
- Injury to the head, back or eye etc.
- Bleeding or bone fracture.
- High temperatures and febrile convulsions.
- Asthma attack.
- Burns (including sunburn).
- Excessive vomiting leading to dehydration.
- Poisoning from hazardous chemicals, substances, plants or snake/spider bites etc.
- Electrocution.

Heritage recognises that first aid responses to people suffering from an emotional or psychological condition are also important, such as:

- Severe stress resulting from a workplace or personal situation.
- Anxiety attack or emotional breakdown and loss of reasoning.



Procedures are in place to ensure the Director, in consultation with the Management Committee, notifies the ACT Regulatory Authority of any Serious Incidents involving injury, trauma or illness of a child, where urgent medical or hospital attention is required (or where a child ought reasonably to have attended a hospital) within 24 hours of the incident or the time that the person becomes aware of the incident (Section 174(2)(a); National Regulation 176(2)(a) and National Regulation 12). The following are examples of serious injuries, illness or trauma that must be reported:

- Amputation (eg. loss of finger)
- Anaphylactic reaction requiring hospitalisation
- Asthma requiring hospitalisation
- Broken bone/fractures
- Bronchiolitis
- Burns
- Diarrhoea requiring hospitalisation
- Epileptic seizures
- Head injuries
- Measles
- Meningococcal infection
- COVID-19 infection
- Sexual assault
- Witnessing violence or a frightening event.

## Definitions

For the purpose of this policy, the following definitions are used:

**Adequate Supervision:** A level of supervision that ensures legislative requirements are met in relation to educator-to-child ratios at all times (National Regulations 122, 123 and 357), and that all children, both as individuals and in groups, are within access and sight/hearing of an educator at all times including during toileting, rest and transition routines. In addition, it means employing flexible supervision strategies that meet individual children's needs. An educator may recognise that a particular activity that involves risk requires constant vigilant supervision. Alternatively, if children are participating in low-risk activities, educators focus on engaging with children.

**Ambulance Card.** A card to be kept by the phone with guidelines on how to call an ambulance. (Attachment 8).

**Duty of Care:** A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable, foreseeable risk of injury.

**First Aid:** The initial care of the ill or injured where someone has had an accident or is suffering from a sudden illness or trauma and needs help until a qualified health care professional such as a doctor, registered nurse or ambulance officer arrives (St. John Ambulance Definition).

**Persons:** All Heritage children, families, educators, other staff, volunteers and visitors to the Heritage premises or assisting with off-site activities/excursions.

**Medical Help:** A medical practitioner (Doctor of Medicine), registered nurse or Ambulance Officer.

**Notifiable Incident:** An incident involving workplace health and safety that is required by law to be reported to WorkSafe ACT. Notification is required for incidents that result in death or serious injury/illness, or dangerous occurrences via **phone:** 6207 3000 or **email:**

[worksafe@act.gov.au](mailto:worksafe@act.gov.au) See also:

[https://www.accessc Canberra.act.gov.au/app/answers/detail/a\\_id/2198/~/\\_/worksafe-act](https://www.accessc Canberra.act.gov.au/app/answers/detail/a_id/2198/~/_/worksafe-act)

**Serious Incident:** The *Education and Care National Regulations 2011* defines a serious incident as one that involves any of the following:

- Serious injury, trauma or illness of a child, where urgent medical or hospital attention is required (or where a child ought reasonably to have attended a hospital). The attendance of emergency services at the education and care service premises (or ought reasonably to have been sought). **NOTE:** It does not mean an incident where emergency services attended as a precaution.



- The death of a child, while being educated and cared for by a service or following an incident at a service.
- Any circumstance where a child being educated and cared for by a service:
  - Appears to be missing or cannot be accounted for.
  - Appears to have been taken or removed from the education and care service premises in a manner that contravenes the National Regulations.
  - Is mistakenly locked in or locked out of the education and care service premises or any part of the premises.

## **Policy Aims**

The Heritage First Aid for Injuries, Trauma and Illness Policy and Procedures aim to ensure that:

- Procedures are in place to effectively manage any incident that involves injury, trauma or illness to any persons at the service.
- A risk Assessment is undertaken and regularly updated in relation to injuries, trauma and illness that may occur at the service.
- All permanent educators are appropriately qualified and immediately available to apply first aid procedures in order to reduce the risk of panic and enable them to:
  - Preserve life.
  - Ensure that ill, injured or traumatised persons are stabilised and comforted until medical help arrives.
  - Monitor ill, injured or traumatised persons in the recovery stage.
  - Apply further first aid strategies if the condition does not improve.
  - Ensure that the environment is safe and that other persons are not in danger of becoming ill, injured or traumatised.
- Accurate records are kept of the details of any incidents, injuries, trauma or illness.

## **Scope**

It is understood that there is a shared legal responsibility and accountability between, and a commitment by, all Heritage staff, families and visitors to implement the Heritage First Aid for Injuries, Trauma and Illness Policy and Procedures.

## **Rationale**

Heritage recognises it has a duty of care to take all reasonable, practicable steps to provide all persons involved with the Heritage program with a safe and healthy environment that supports their physical and mental wellbeing (*Work Health and Safety Act, 2011*). In addition, the Heritage First Aid for Injuries, Trauma and Illness Policy and Procedures have been developed to comply with the:

- *Education and Care Services National Law Act (ACT) 2010*
- *Education and Care Services National Regulations (ACT) 2011*
- *National Quality Standard for Early Childhood Education & Care 2012.*<sup>1</sup>
- *Children and Young People Act (ACT) 2008*
- *Safe Work Australia/WorkSafe ACT: First Aid in the Workplace Code of Practice: Approval 2012.*
- St John Ambulance guidelines.
- The Heritage Philosophy and Work Health and Safety Policy.

## **Strategies and Procedures**

### **Risk Assessment of Potential Injuries, Trauma and Illness**

Heritage will take a risk management approach to dealing with potential incidents that involve injuries, trauma and illness to any person while attending the Heritage premises or assisting with the Heritage program on excursions: Management will:

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<sup>1</sup> Refer to: Appendix 1: Relevant National Law, Regulations and Quality Standards

- Identify potential incidents that involve injuries, trauma and illness and develop strategies and procedures to reduce or mitigate the risks identified.
- Understand that risk management is a continuous improvement process and ensure the Risk Assessment is regularly reviewed.
- Utilise up to date health and emergency service advice to inform the risk mitigation strategies, e.g., advice given on ACT Health or ACT Emergency Services Agency websites.
- When assessing certain risks in relation to children, take a Risk-Benefit Approach taking and assess the need for children to explore certain risks as part of their normal development and for educators to assist children to make sound supported judgements about risks, while taking into account the potential for actual harm to the children.

Risk Management Process

The step-by-step hierarchy utilised by Heritage management for controlling risks is:

1. Identify the injury, trauma or illness that may occur.
2. Identify the hazard as Physical (P), Chemical (C) Biological (B), Mechanical (M) or Psychological (Psych).
3. Predict the severity of the risk by determining the likelihood it will occur and the likely impact on health and wellbeing utilising the Risk Matrix approach over-page.
4. Research solutions and develop procedures to:
  - Eliminate the risk; or
  - Find a substitute to the risk; or
  - Engineer and administer controls to minimise or eliminate the risk; and/or;
  - Implement the use of Personal Protective Equipment.
  - Implement the procedures to eliminate/reduce the risk associated with identified hazards as far as practicable.
5. Regularly review the risk reducing procedures to ensure they are still working.
6. Continue to identify potential risks and put procedures in place to manage them in consultation with staff.
7. Document any incident, injury, trauma or illness so it can be analysed and prevented in future, where possible.

		Consequence				
		Insignificant	Minor	Moderate	Major	Catastrophic
Likelihood	Almost certain	Moderate	High	High	Extreme	Extreme
	Likely	Moderate	Moderate	High	Extreme	Extreme
	Possible	Low	Moderate	High	High	Extreme
	Unlikely	Low	Low	Moderate	High	High
	Rare	Low	Low	Low	Moderate	High

Figure 1: Risk Matrix - Source: ACECQA, 2011) <sup>2</sup>

<sup>2</sup> Refer to: Work Health and Safety Policy



**Risk Assessment Table – Potential Injuries, Trauma and Illness**

<b>Potential Hazard</b>	<b>Potential Harm/ Risk Assessment without mitigation</b>	<b>Procedures for Mitigating the Risk</b>	<b>Risk Assessment with mitigation in place</b>
Child may fall off play equipment and injure themselves, such as bleeding or bone fracture, injury to head, back or eye.	Physical  Likelihood (Likely) Severity (Moderate) Risk Rating: <b>High</b>	<ul style="list-style-type: none"> <li>• Educator to child ratios will be maintained at all times in line with or above regulations.<sup>3</sup></li> <li>• Educators will adequately supervise children at all times and be aware of the needs of children with medical conditions or additional needs.<sup>4</sup></li> <li>• Educators will model safe behaviours and support children to make good judgements about risk.<sup>5</sup></li> <li>• All Heritage equipment will meet Australian Safety Standards.</li> <li>• Play equipment will be regularly maintained and safety checked.<sup>6</sup></li> </ul>	Likelihood (Possible) Severity (Minor)  Risk Rating: <b>Moderate - Benefits outweigh Risks</b>
Child may have an asthma, severe allergy or anaphylaxis attack or other illness resulting from a medical condition.	Physical  Likelihood (Likely) Severity (Major) Risk Rating: <b>Extreme</b>	<ul style="list-style-type: none"> <li>• Medical conditions and individual needs will be managed according to Medical Condition Management Plans/Additional Needs Plans.<sup>7</sup></li> <li>• Heritage will follow a nut free policy and minimise known allergens in the environment. Currently seafood is excluded as a member of the Heritage community has a severe reaction to seafood.<sup>8</sup></li> <li>• Children’s Allergy and Anaphylaxis Emergency Action Plans will be displayed in rooms.</li> <li>• Educators will store children’s allergy and asthma medications in a clearly labelled box in the Main Office.</li> <li>• Extra supervision will be provided on excursions for children with medical conditions, eg., asthma, known allergies, anaphylaxis, Diabetes (Type 2) and epilepsy.<sup>9</sup></li> <li>• Heritage management will ensure that all children’s medical and allergy records are up to date and available including on excursions.</li> <li>• Emergency and first aid procedures will be on display and in Handbooks.</li> </ul>	Likelihood (Unlikely) Severity (Minor)  Risk Rating: <b>Low</b>

<sup>3</sup> Refer to: Employment and Staffing Policy

<sup>4</sup> Refer to: Supervision and Water Safety Policy

<sup>5</sup> Refer to: Curriculum and Program Planning Policy

<sup>6</sup> Refer to: Work Health and Safety Policy

<sup>7</sup> Refer to: Medical Conditions Policy

<sup>8</sup> Refer to: Allergy and Anaphylaxis (including Nut Free) Policy

<sup>9</sup> Refer to: Excursions and Incursions Policy



<p>Child may see a snake or suffer a snake bite or spider bite resulting in trauma or an injury which may also be poisonous</p>	<p>Physical/ Psychological/  Likelihood (Possible) Severity (Major) Risk Rating: <b>High</b></p>	<ul style="list-style-type: none"> <li>• Premises, particularly gaps between walls and floors, and windows will be kept in good condition.</li> <li>• Hygiene practices will be in place and cobwebs removed from cupboards as necessary.</li> <li>• Premises and outdoor areas will be kept tidy, free of leaf piles and de-cluttered.</li> <li>• Workplace safety checks will be in place including checking playgrounds before children use them.<sup>10</sup></li> <li>• Qualified first aiders on premises.</li> <li>• Clear snake sighting and snake and spider bite first aid procedures will be on display and in Handbooks.</li> </ul>	<p>Likelihood (Rare) Severity (Moderate)  Risk Rating: <b>Low. Benefits outweigh Risks</b></p>
<p>Child may suffer electrocution</p>	<p>Physical  Likelihood (Possible) Severity (Catastrophic) Risk Rating: <b>Extreme</b></p>	<ul style="list-style-type: none"> <li>• Electrical equipment will be kept out of reach of children, cords will be un-coiled and socket safety covers used.</li> <li>• Workplace safety checks will be carried out regularly and electrical equipment kept in good condition, and regularly maintained by ANU Facilities and Services.</li> <li>• Clear emergency procedures will be on display and in Handbooks.<sup>11</sup></li> </ul>	<p>Likelihood (Rare) Severity (Catastrophic)  Risk Rating: <b>High</b></p>
<p>Child may be injured by structural damage to Heritage building.</p>	<p>Physical  Likelihood (Possible) Severity (Major) Risk Rating: <b>Moderate</b></p>	<ul style="list-style-type: none"> <li>• Building and equipment will be maintained in good condition through regular workplace safety checks.</li> <li>• Clear emergency and evacuation procedures on display and in Handbooks.<sup>12</sup></li> </ul>	<p>Likelihood (Rare) Severity (Moderate)  Risk Rating: <b>Low</b></p>
<p>Child may get injured on an excursion or while travelling to an excursion by vehicle</p>	<p>Physical/ Psychological  Likelihood (Possible) Severity (Major) Risk Rating: <b>High</b></p>	<ul style="list-style-type: none"> <li>• All vehicles must be in safe condition before allowing children on board.</li> <li>• A risk assessment will be undertaken for each excursion and the adult to child ratio adjusted to ensure adequate supervision according to the age of children and hazards identified.</li> <li>• Clear procedures will be detailed in the risk assessment for how to proceed should and accident occur while on an excursion or while travelling to an excursion and available to all educators on the excursion.<sup>13</sup></li> </ul>	<p>Likelihood (Rare) Severity (Moderate)  Risk Rating: <b>Low</b></p>

<sup>10</sup> Refer to: Work Health and Safety Policy

<sup>11</sup> Refer to: Work Health and Safety Policy

<sup>12</sup> Refer to: Emergency and Evacuation Policy

<sup>13</sup> Refer to: Excursions and Incursions Policy

<p>Inappropriately administered medication may cause poisoning or allergic reaction to child</p>	<p>Chemical Likelihood (Possible) Severity (Major) Risk Rating: <b>High</b></p>	<ul style="list-style-type: none"> <li>Medicines must be stored out of reach of children.</li> <li>Medication (including prescription, over-the-counter and homeopathic medications) must not be administered to a child at Heritage without the correct <u>written</u> authorisation, according to the Medication Policy requirements.</li> <li>Educators must check the dose, time, expiry date and name of the child on the medication with a witness before administering medication and accurately document the process.</li> <li><del>Parents</del> Families must hand medications directly to an educator for safe storage at the beginning of the day.</li> <li>Heritage staff will dispose of any needles or out of date medicines appropriately.</li> <li>Medication procedures will be included in Handbooks.<sup>14</sup></li> </ul>	<p>Likelihood (Rare) Severity (Moderate)  Risk Rating: <b>Low</b></p>
<p>Alcohol and illicit drug use and smoking among staff may lead to accidents. Smoking may cause asthma attacks</p>	<p>Chemical Likelihood (Possible) Severity (Major) Risk Rating: <b>High</b></p>	<ul style="list-style-type: none"> <li>Alcohol, illicit drug use and smoking are prohibited on the premises during the hours of operation. It is a legal requirement that smoking, illicit drugs and alcohol are not present in an early childhood education and care environment.</li> <li>ANU is a smoke free campus.</li> <li>No person under the influence of alcohol or illicit drugs will be allowed to supervise children or remain on the premises.<sup>15</sup></li> <li>Staff Responsibilities and Heritage Code of Conduct/Ethics will be included in Educator Handbooks.</li> </ul>	<p>Likelihood (Rare) Severity (Moderate)  Risk Rating: <b>Low</b></p>
<p>Children may touch the firepit and suffer burns</p>	<p>Likelihood (Likely) Severity (Major) Risk Rating: <b>Extreme</b></p>	<ul style="list-style-type: none"> <li>Safety cover over the top of the fire pit.</li> <li>Strict rules explained when firepit is used and rules enforced. If a child fails to follow rules, they are redirected to another area away from the fire.</li> <li>Hose turn on and within very short distance of fire pit.</li> <li>Seating (logs/rocks) are a safe distance back from the fire pit with a sand barrier between the children and the firepit, and children directed to sit out of the direct line of smoke from the fire, as far as practicable.</li> <li>Children must remain seated around the fire and not walk on the sand barrier near the fire.</li> </ul>	<p>Likelihood (Rare) Severity (Moderate)  Risk Rating: <b>Low. Benefits outweigh Risks</b></p>

<sup>14</sup> Refer to: Medication Policy

<sup>15</sup> Refer to: Employment and Staffing (incl. Students and Volunteers) Policy



		<ul style="list-style-type: none"> <li>• Adequate supervision maintained at all times.</li> <li>• Bucket of cold water nearby at all times to be used if a child burns themselves and needs to submerge a limb, hand or finger etc.<sup>16</sup></li> </ul>	
Child may suffer bullying/harassment/child abuse	<p>Psychological</p> <p>Likelihood (Possible)</p> <p>Severity (Major)</p> <p>Risk Rating: <b>High</b></p>	<ul style="list-style-type: none"> <li>• All children will be treated with equity and fairness at all times in line with the Heritage Philosophy and the National Regulations and Quality Standard.</li> <li>• Children’s behaviour will be guided in ways that preserve the dignity and rights of the child at all times and all interactions will be respectful.<sup>17</sup></li> <li>• Children will not be photographed or videoed without parental consent.</li> <li>• Nappy changing and toileting areas will be in view of other educators and no child will be left alone with a volunteer unless they are the child’s family member.</li> <li>• Staff will be trained in child protection procedures and the procedures will be included in Educator Handbooks.<sup>18</sup></li> </ul>	<p>Likelihood (Rare)</p> <p>Severity (Moderate)</p> <p>Risk Rating: <b>Low</b></p>
Child may suffer poisoning, asthma or dermatitis from exposure to dangerous materials	<p>Chemical</p> <p>Likelihood (Likely)</p> <p>Severity (Major)</p> <p>Risk Rating: <b>Extreme</b></p>	<ul style="list-style-type: none"> <li>• Cleaning and gardening chemicals, and other hazardous material will be stored correctly, out of reach of children.</li> <li>• Clear procedures will be on display for dangerous products.<sup>19</sup></li> </ul>	<p>Likelihood (Rare)</p> <p>Severity (Moderate)</p> <p>Risk Rating: <b>Low</b></p>
Domestic pets may bite or scratch a child	<p>Physical</p> <p>Likelihood (Likely)</p> <p>Severity (Major)</p> <p>Risk Rating: <b>Extreme</b></p>	<ul style="list-style-type: none"> <li>• Any domestic animal must be inaccessible to children unless under the direct supervision of educators.</li> <li>• Animals or pets belonging to families of the children may only be brought on to the Heritage premises if permission has been given by the Director or Nominated Supervisor.</li> <li>• If an animal such as a dog is brought to the premises when families are collecting children, it must be left at the gate, far enough away so children cannot touch the animal through the gate/fence.</li> <li>• Clear procedures will be included in the Heritage Family Handbook.<sup>20</sup></li> </ul>	<p>Likelihood (Rare)</p> <p>Severity (Moderate)</p> <p>Risk Rating: <b>Low - Benefits outweigh Risks</b></p>

<sup>16</sup> Refer to: Fire Pit Risk Assessment

<sup>17</sup> Refer to: Supporting Children’s Behaviour Policy; Interactions with Children Policy

<sup>18</sup> Refer to: Child Protection Policy

<sup>19</sup> Refer to: Dangerous Products Policy

<sup>20</sup> Refer to: Pets and Animals Policy; Work Health and Safety Policy

<p>Children may suffer food poisoning, choke on food or be burned by hot food or drinks</p>	<p>Physical Likelihood (Likely) Severity (Catastrophic) Risk Rating: <b>Extreme</b></p>	<ul style="list-style-type: none"> <li>• Children will be supervised when eating.</li> <li>• Children must always sit down while consuming food.</li> <li>• Food must be age appropriate. Foods identified as choking hazards will be removed from lunch boxes.</li> <li>• Food must be handled hygienically.</li> <li>• Food must be checked by thermometer after microwaving and allowed to stand before being served to children.</li> <li>• Hot drinks must not be consumed in children's rooms. If need to walk through rooms with a hot drink, staff must do, as far as practicable, while children are outside, or cover drink with a lid.</li> <li>• Clear food safety procedures will be on display in kitchens. <sup>21</sup></li> </ul>	<p>Likelihood (Unlikely) Severity (Major)  Risk Rating: <b>High</b></p>
<p>Children may catch infections and illnesses which may lead to symptoms such as fever or vomiting and dehydration</p>	<p>Biological Likelihood (Likely) Severity (Major) Risk Rating: <b>Extreme</b></p>	<ul style="list-style-type: none"> <li>• Daily hygiene practices and exclusion periods for illnesses will be adhered to rigorously.<sup>22</sup></li> <li>• Families will be advised of exclusion periods for sickness on enrolment.<sup>23</sup></li> <li>• Heritage strongly recommends full immunisation in accordance with ACT Health guidelines.<sup>24</sup></li> <li>• Hygiene procedures will be displayed throughout the premises.</li> </ul>	<p>Likelihood (Possible) Severity (Moderate)  Risk Rating: <b>High</b></p>
<p>Child may suffer Sudden Infant Death Syndrome (SIDS)</p>	<p>Physical Likelihood (Possible) Severity (Catastrophic) Risk Rating: <b>Extreme</b></p>	<ul style="list-style-type: none"> <li>• Children and babies must be settled according to the Red Nose Safe Sleeping Guidelines.</li> <li>• All sleeping children will be checked at fifteen-minute intervals and the check will be documented.</li> <li>• Cot rooms must be sufficiently ventilated to reduce the risk of SIDS. <sup>25</sup></li> </ul>	<p>Likelihood (Rare) Severity (Catastrophic)  Risk Rating: <b>High</b></p>

<sup>21</sup> Refer to: Food Safety Policy; HACCP Plan, Hygiene and Infection Control Policy.

<sup>22</sup> Refer to: Hygiene and Infection Control Policy

<sup>23</sup> Refer to: Illness and Infectious Diseases Policy

<sup>24</sup> Refer to: Immunisation Policy

<sup>25</sup> Refer to: Sleep, Rest and Relaxation Policy

Children may injure themselves while playing on Regular Outings/Gulambany Program, eg, falling while climbing on trees, playing with loose parts or drowning while padding in lake.	<b>Refer to:</b> Comprehensive Risk Benefit Analysis in Excursions and Incursions Policy	Strategies include: <ul style="list-style-type: none"> <li>• Safety discussions in the classroom and during the outing</li> <li>• Safety sweep of play areas</li> <li>• Active supervision strategies</li> </ul>	<b>Refer to:</b> Comprehensive Risk Benefit Analysis in Excursions and Incursions Policy.  <b>Benefits outweigh Risks</b>
Children may suffer sunburn or accidents caused by inappropriate footwear or clothing.	Physical  Likelihood (Almost certain) Severity (Moderate) Risk Rating: <b>High</b>	<ul style="list-style-type: none"> <li>• Children must wear sunscreen according to ACT Cancer Council guidelines (unless excused for medical reasons by a Medical Practitioner) and appropriate sun protective hats and clothing when outside and on excursions.</li> <li>• Adequate shade will be provided for all play areas.</li> <li>• Base camp will be set up in the shade on regular outings during the warmer months when the UV rating is above 3. <sup>26</sup></li> <li>• Children must not wear singlets, thongs, crocs, gum boots, capes, hooded-tops or other inappropriate clothing to Heritage unless asked to do so for a specific activity. <sup>27</sup></li> <li>• Clear procedures will be included in Educator and Family Handbooks.</li> </ul>	Likelihood (Rare) Severity (Minor)  Risk Rating: <b>Low. Benefits outweigh Risks</b>
Unauthorised persons may gain access to children.	Psychological  Likelihood (Unlikely) Severity (Major) Risk Rating: <b>High</b>	<ul style="list-style-type: none"> <li>• Unannounced visitors must sign the visitors' book.</li> <li>• Children must be signed in and out by an authorised person. <sup>28</sup></li> <li>• All gates must be kept shut and perimeter fences well maintained to Australian Standards.<sup>29</sup></li> </ul>	Likelihood (Rare) Severity (Minor)  Risk Rating: <b>Low</b>
Items brought from home such as toys may cause an injury	Physical  Likelihood (Possible) Severity (Moderate) Risk Rating: <b>High</b>	<ul style="list-style-type: none"> <li>• Families are asked not to bring toys from home.</li> <li>• Dangerous items are not allowed to be brought to Heritage, eg, plastic bags, glass, ropes, matches, peanuts. <sup>30</sup></li> <li>• Clear procedures will be included in the Heritage Family Handbook.</li> </ul>	Likelihood (Rare) Severity (Minor)  Risk Rating: <b>Low</b>

<sup>26</sup> Refer to: UV/Sun Protection Policy

<sup>27</sup> Refer to: Clothing and Footwear Policy

<sup>28</sup> Refer to: Delivery and Collection of Children Policy

<sup>29</sup> Refer to: Work Health and Safety Policy

<sup>30</sup> Refer to: Work Health and Safety Policy

Child may be hit by a car in car park.	Physical Likelihood (Possible) Severity (Catastrophic) Risk Rating: <b>Extreme</b>	<ul style="list-style-type: none"> <li>Families are asked to hold children's hands in car park.</li> <li>Families are asked to reverse park where possible.</li> <li>Signs in the carpark will advise parents to drive with caution. <sup>31</sup></li> <li>Clear guidelines will be included in the Heritage Family Handbook.</li> </ul>	Likelihood (Rare) Severity (Major)  Risk Rating: <b>Moderate</b>
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<sup>31</sup> Refer to: Work Health and Safety Policy



## Preventative Strategies

Heritage recognises the need for health and safety practices, training, active supervision and accident prevention strategies in order to minimise the risk of injuries, trauma and illness while children are attending Heritage.

### Training

Management will:

- Ensure educators will be provided with appropriate up to date information and professional development on the management of incidents.<sup>32</sup>

### Equipment Safety / Work Health and Safety

Educators will:

- Consider the planning of the physical environment and experiences, ensuring that the spaces are safe.<sup>33</sup>
- Regularly check equipment in both indoor and outdoor areas for hazards and take the appropriate action to ensure the safety of the children and educators when a hazard is identified.<sup>34</sup>
- Management will review the cause of any injury, trauma or illness and taking appropriate action to remove the cause if required.<sup>35</sup>

### Supervision

Educators will:

- Review supervision plans and practices regularly in order to maintain adequate levels of supervision at all times both on the premises and during excursions including vigilant supervision for children with medical conditions and thoughtfully grouping children to effectively manage supervision.<sup>36</sup>
- Respond to children in a timely manner and ensure the provision of reassurance and meeting children's emotional and physical wellbeing needs is paramount at all times.<sup>37</sup>

## Maintenance of Facilities

### First Aid Kits

- First aid boxes will be located in the Main Office and in the Preschool Room.
- A portable first aid kit (~~in pink waist bag~~) will be located in the Main Office and taken on excursions and during evacuations/lockdowns.<sup>38</sup>
- An emergency anaphylaxis kit and an emergency asthma kit will be kept in the Main Office and taken on excursions and during evacuations/ lockdowns.
- ~~Panadol~~, Sunscreen and a thermometer will be stored safely in the Main Office and in all rooms and taken on excursions/evacuations/lockdowns.
- First aid kits will be checked regularly for content by Parasol Pty Ltd.<sup>39</sup>

### Children's Asthma and Allergy/Anaphylaxis Medication

- Children's personal asthma and allergy/anaphylaxis medication will be kept in a separate, labelled box, alongside the first aid box in the Main Office and taken on excursions and during evacuations/lockdowns.
- Adrenaline auto-injection devices will be stored in an insulated bag.

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<sup>32</sup> Refer to: Emergency and Evacuation Policy; Employment and Staffing Policy

<sup>33</sup> Refer to: Work, Health and Safety Policy; Curriculum and Program Planning Policy

<sup>34</sup> Refer to: Work Health and Safety Policy

<sup>35</sup> Refer to: Work Health and Safety Policy

<sup>36</sup> Refer to: Supervision and Water Safety Policy

<sup>37</sup> Refer to: Interactions with Children Policy

<sup>38</sup> Refer to: Excursions and Incursions Policy; Emergency and Evacuation Policy

<sup>39</sup> Refer to: Work Health and Safety Policy

**First Aid Boxes will contain:**

- Latex gloves, dressings and bandages (thick crepe bandage for snake bites), antiseptic wipes, contaminated waste bag, safety pins, sterile eye pad, emergency space blanket, scissors, splinter forceps, goggles, amputated parts bag, resuscitation face shield, sodium chloride, Stingose, paracetamol and a first aid manual.

**The Portable First Aid Kit will contain:**

- Bandages (including a thick crepe bandage for snake bites), dressings, antiseptic wipes, safety pins, scissors, band aids, splinter probes, emergency blanket, amputated parts bag, Stingose and paracetamol.

**Emergency Anaphylaxis Kit will contain:**

- An adrenaline auto-injection device stored in an insulated bag and anaphylaxis first aid procedures.

**Emergency Asthma Kit will contain:**

- Blue reliever medication puffer (Ventolin); two small volume plastic spacers, compatible with the puffer; two facemasks, suitable for use in children under five years of age; a medication record log to track usage of the blue reliever; directions for use of the spacer and asthma first aid steps sheet.

**Displays and Emergency Numbers**

- **The First Aid Action Response Guidelines** at the end of this document will be laminated and clearly displayed in each Room, by all telephones and where hazardous products are stored (in laundry).
- **Resuscitation posters** will be prominently displayed in all rooms.
- **Emergency services numbers** will be displayed by all phones and where hazardous products are stored (in laundry).  
**The Poisons Information Centre: 131 126**  
**Emergency services: 0-000 (internal phone) 000 (External phone)**
- **How to call an ambulance cards** will be displayed near all telephones. (Attachment 8: How to Call an Ambulance, and).
- **Medical Management/Action Plans** will be clearly displayed in the rooms for children with ~~known~~ diagnosed medical conditions such as asthma, allergies, anaphylaxis, diabetes (Type 2) or epilepsy.<sup>40</sup>

**First Aid Qualifications**

**Educator Qualifications**

- Heritage ensures that all permanent educators have current first aid qualifications and have undertaken approved anaphylaxis and asthma emergency management training. This exceeds National Regulation 136(1).<sup>41</sup>
- If employees do not hold a current certificate, they are given three months to obtain one.
- The cost and time taken to update the certificate will be covered by Heritage.<sup>42</sup>
- It is the responsibility of the Heritage Director to remind employees if their certificate is about to expire and to provide first aid refresher courses for staff members as part of their professional development.<sup>43</sup>
- First aid qualifications are acquired through a registered training organisation.

<sup>40</sup> Refer to: Asthma Policy; Allergy and Anaphylaxis (including Nut Free) Policy; Diabetes (Type 2) Policy; Epilepsy Policy.

<sup>41</sup> Refer to: Appendix 1: Relevant National Law, Regulations and Quality Standard

<sup>42</sup> Refer to: Employment and Staffing (incl. Students and Volunteers) Policy

<sup>43</sup> Refer to: Work Health and Safety Policy





- Copies of first aid qualifications are stored in the Main Office.

### **First Aid Officer**

- While the administration of first aid to children at Heritage is the responsibility of all permanent qualified educators, it is a condition of licence that Heritage has a First Aid Officer for staff injuries and sudden illness.
- A staff member is elected annually to be the Heritage First Aid Officer.
- The First Aid Officer is charged with the responsibility of administering first aid to children and staff at Heritage as required and carries out first aid in accordance with Red Cross Senior First Aid Training (or equivalent).
- In the absence of the First Aid Officer, the Director/Nominated Supervisor fulfils this role.

### **First Aid Action Response**

- First aid is only carried out by a qualified member of staff, except in life threatening circumstances.
- A qualified member of staff must be alerted immediately and assume responsibility for continued first aid on reaching the child/person.
- All Heritage staff will follow the first aid responses and action plans outlined in the Heritage Action Response Guidelines, over-page.
- All first aid is carried with regard to standard precautions as outlined in the Heritage Action Response Guidelines, over-page.
- Educators have an obligation to ensure parents/guardians are informed about first aid provided to their children.

### **When there is a medical emergency, educators will:**

- Call an ambulance, where necessary
- Administer first aid and provide care and comfort to the child prior to the parents/guardians or ambulance arriving.
- Implement the child's current medical management plan, where appropriate.
- Notify parents/guardians as soon as is practicable of any serious medical emergency, incident or injury concerning the child, and request the parents/guardians make arrangements for the child to be collected from the service or inform the parents/guardians that an ambulance has been called.
- Notify other contact as authorised on the child's enrolment form, if the parents/guardians are not contactable.
- Ensure ongoing supervision of all children in attendance at the service.
- Accompany the child in the ambulance when the parents/guardians are not present, provided that staff-to-child ratios can be maintained at the service.
- Complete all relevant forms as soon as practicable and within 24 hours.

### **When a child develops symptoms of illness educators will:**

- Contacts the parents/guardians or authorised emergency contact for the child to outline the signs and symptoms observed.
- Request that the child is collected from the service, within one hour and preferably 30 minutes, if the child is not well enough to participate in the educational program.
- Ensure that they separate the child from the group and have a staff member remain with the child until the child recovers, a parent/guardian arrives, or another responsible person takes charge.
- Call an ambulance if a child appears very unwell or has a serious injury that needs urgent medical attention (refer to the definition of medical emergency below).
- Ensure that, where medication, medical or dental treatment is obtained, the parents/guardians are notified as soon as is practicable and within 24 hours and are provided with details of the illness and subsequent treatment administered to the child.
- Complete all relevant forms as soon as practicable and within 24 hours.



### **Administration of Medication**

- Medication, including prescription, over the counter and homeopathic medications are not administered to a child at Heritage without the correct written authorisation by a parent/guardian or person with the authority to consent to administration of medical attention to the child.<sup>44</sup>

#### **Medication Authorisation in an Emergency**

- In the case of an emergency, it is acceptable to obtain verbal consent from a parent/guardian, or a registered medical practitioner or medical emergency services if the child's parent cannot be contacted.
- In the case of an anaphylaxis or asthma emergency, medication may be administered to a child without authorisation. In this circumstance, the child's parent and emergency services must be contacted as soon as possible.

### **Standard Precautions when Administering First Aid**

See Table over-page

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<sup>44</sup> Refer to: Medication Policy

## Standard Precautions when Administering First Aid

<p><b>Before Giving First Aid</b></p>	<ul style="list-style-type: none"> <li>• Wash hands with soap and water and thoroughly dry them.</li> <li>• Regard all blood and fluids as potential source of infection.</li> <li>• As a matter of routine, keep any broken skin covered with a waterproof dressing</li> <li>• Use clean disposable gloves for procedures involving patient contact.</li> <li>• Wear a mask and eye protection where there is a risk of splashing blood or other body fluids.</li> <li>• Spread paper towels or other absorbent material to absorb body fluids and to wrap potentially infectious waste (eg gloves, swabs) for disposal.</li> <li>• Remove any broken glass or sharp material with forceps or tongs and place in a container.</li> <li>• Use appropriate resuscitation mask if required</li> <li>• Use disposable single use equipment where possible, eg, splinter removers.</li> </ul>
<p><b>After Giving First Aid</b></p>	<ul style="list-style-type: none"> <li>• Where there has been accidental exposure to blood or bodily fluids, wash immediately:             <ul style="list-style-type: none"> <li>○ <b>SKIN</b> – Wash as soon as possible with hot soapy water</li> <li>○ <b>MOUTH</b> – Rinse thoroughly with water</li> <li>○ <b>EYES</b> – Wash out immediately with copious amounts of water, preferably for <u>10 minutes</u></li> <li>○ <b>CUTS</b> – Encourage bleeding, wash area with hot, soapy water, then disinfectant.</li> </ul> </li> <li>• Dispose of sharps (ie disposable sharp instruments) in a rigid sharp’s container, and biological contaminated waste in an appropriate Biohazard container.<sup>45</sup></li> <li>• Wear protective gloves and use paper towels to clean the area as soon as possible.<sup>46</sup></li> <li>• Wrap all waste together in paper towels without touching inside of bundle and place in two plastic bags, with handles tied twice so securely closed and place in a waste bin.</li> <li>• Wash hands thoroughly with warm soapy water, rinse, dry and sanitise hands using an alcohol-based gel.</li> </ul>

<sup>45</sup> Refer to: Attachment 7: Procedures for Safe Disposal of Discarded Needles and Syringes; First Aid Procedures for Needle Stick Injuries.

<sup>46</sup> Refer to: Hygiene and Infection Control Policy: Procedures for Cleaning and Disposal of Bodily Fluids

## Educator First Aid Response Guidelines

- First aid is only carried out by a **qualified member of staff**, except in immediately life-threatening circumstances until a qualified first aider arrives.
- **In the case of an anaphylaxis or asthma emergency**, medication may be administered to a child without authorisation.
- The St John Ambulance Australian First Aid Manual or equivalent guidelines are followed (Manuals are located with First Aid Kits).
- Poisons Information Centre: **131 126**
- In a medical emergency call Emergency Services: **0-000** or **000** (ext. phone)

### Use DRSABCD to Immediately Assess the Situation

**Danger > Response > Send for help > Airway > Breathing > CPR > Defibrillation**

<p><b>Minor Accidents</b></p>	<ul style="list-style-type: none"> <li>• Remain calm and assess the extent of the injury</li> <li>• Make the child comfortable</li> <li>• Call for a first aider if required</li> <li>• Take the appropriate first aid action</li> <li>• Complete an Accident/Injury Form</li> <li>• Notify Room Leader and the Director</li> <li>• Notify parent/guardian/emergency contact either by phone or at the end of the day depending on the extent of the injury.</li> <li>• <b>Note: Contact immediately</b> if staff feel further medical attention may be required, eg, bumps to the head</li> <li>• Where relevant give parents a Factsheet, eg Staying Healthy in Childcare</li> <li>• Ask parent/guardian/emergency contact to sign Accident Form</li> </ul>
<p><b>Medical Emergencies</b></p>	<ul style="list-style-type: none"> <li>• Clear the area and make it safe for all</li> <li>• Call for help and a first aider</li> <li>• Alert the Director</li> <li>• Phone for an ambulance if required</li> <li>• Qualified first aider to administer first aid until ambulance arrives</li> <li>• Do not administer anything by mouth</li> <li>• Contact parent/guardian/emergency contact.</li> <li>• <b>Make every effort to contact parent before taking a child to hospital and again before treatment begins</b></li> <li>• Staff member to accompany child to hospital until parent arrives</li> <li>• Staff member to take emergency information to hospital (allergies, contacts, permission records etc)</li> <li>• Complete an Accident and Injury/Illness/Incident and Trauma Form</li> <li>• Director to inform the ACT Regulatory Authority within 24 hours</li> </ul>
<p><b>Death of a Child in Care</b></p>	<ul style="list-style-type: none"> <li>• Call for help from a first aider</li> <li>• Call for an ambulance</li> <li>• Qualified first aider to attempt resuscitation</li> <li>• Alert Director</li> <li>• Director to contact parents</li> <li>• Director and any staff involved to complete Incident and Trauma Form</li> <li>• Director to inform the ACT Regulatory Authority within 24 hours</li> </ul>

<p><b>Children who are Bleeding</b></p>	<ul style="list-style-type: none"> <li>• Avoid contact with the blood.</li> <li>• Call for a first aider if necessary.</li> <li>• Comfort child and move them to safety, away from other children.</li> <li>• Ensure cuts or abrasions on hands are covered with a waterproof dressing and put on gloves, if there is time and they are available, or get someone wearing gloves to take over.</li> <li>• Remove any broken glass or sharp material with forceps or tongs and place in a container.</li> <li>• Apply pressure to the bleeding area with a bandage or paper towel.</li> <li>• In the case of <b>nosebleed</b>, drop child’s head slightly forward and apply finger and thumb pressure below the bridge of the nose.</li> <li>• If treating a child’s face, do not be at eye level as blood could enter eyes or mouth if child is crying/coughing.</li> <li>• Wear a mask and eye protection where there is a risk of splashing blood or other body fluids.</li> <li>• First-aid officer to clean and dress wound (if appropriate) and seek medical assistance:</li> <li>• Elevate the bleeding area above heart, unless a broken bone is suspected.</li> <li>• If it is an emergency, call 000 for an ambulance.</li> <li>• If the situation is not urgent, call the child’s parent/guardian.</li> <li>• Ask the adults and children in the area of the blood spill if they have come into contact with the blood. If they have, remove it from the person with soap and water and make sure they wash their hands thoroughly.</li> <li>• Safely clean up the blood following the procedures for the size of the spill.<sup>47</sup></li> <li>• Remove contaminated clothing and store in leak-proof disposable plastic bags.</li> <li>• Remove gloves, put them in a plastic bag or alternative, seal the bag and place it in a rubbish bin not accessible to children.</li> <li>• Wash hands thoroughly with soap and running warm water.</li> </ul>
<p><b>Infantile Convulsions</b></p>	<ul style="list-style-type: none"> <li>• Call for a first aider</li> <li>• Place child on the floor on their side for safety.</li> <li>• DO NOT restrain the child</li> <li>• After convulsion follow DRABC</li> <li>• Contact parent/guardian or emergency contact and ask them to collect child and seek medical advice</li> <li>• Call for an ambulance <b>immediately</b> if:             <ul style="list-style-type: none"> <li>○ The convulsions last for more than 5 minutes.</li> <li>○ The child does not wake up when the convulsions stop.</li> </ul> </li> <li>• They look very ill when the convulsions stop.</li> </ul>

<sup>47</sup> Refer to: Procedures for Safely Cleaning Bodily Fluids



<b>High Fever</b>	<p><b>When a child registers a temperature of 38°C:</b></p> <ul style="list-style-type: none"><li>• Contact a parent/guardian or emergency <b>contact</b> and request they collect the child <u>within one hour (and preferably 30 minutes)</u> and exclude child for 24 hours.</li></ul> <p><b>Fever requires immediate medical attention, if a child:</b></p> <ul style="list-style-type: none"><li>• Has a fever of <b>38.5°C or above</b></li><li>• Is <b>less than old 3 months old and has a fever of 38°C or above</b></li><li>• Seems very sick</li><li>• Has pain such as a headache or earache or limb pain</li><li>• Has difficulty swallowing</li><li>• Is breathing rapidly</li><li>• Has a rash</li><li>• Is vomiting</li><li>• Has a stiff neck</li><li>• Has bulging of the fontanelle (the soft spot on the head in babies); or</li><li>• Is very sleepy or drowsy.</li></ul> <p><b>If any of the above conditions are met:</b></p> <ul style="list-style-type: none"><li>• Educators will commence first aid</li><li>• Director to inform parent/guardian or emergency contact and request child is taken to a hospital or doctor immediately</li><li>• If parent/guardian or emergency contact cannot be reached, an ambulance will be called.</li></ul> <p><b>While waiting for a parent/guardian/ambulance to arrive:</b></p> <ul style="list-style-type: none"><li>• Give treatment and comfort to the child as needed by:</li><li>• Encourage the child to drink plenty of water (unless the child is only allowed limited fluids)</li><li>• Remove excessive clothing</li><li>• Sponge lukewarm water child's forehead, back of neck and exposed areas of skin, such arms or legs</li></ul> <p><b>Administering Paracetamol</b></p> <ul style="list-style-type: none"><li>• Paracetamol will only be administered where written authorisation to give paracetamol has been given on the child's enrolment <b>AND</b>:<ul style="list-style-type: none"><li>○ The child has a fever of 38°C or above; <b>AND</b></li><li>○ The child is visibly uncomfortable; <b>AND</b></li><li>○ The child does not have any allergies to the medication being administered; <b>AND</b></li><li>○ The Director/Responsible Person in Charge has agreed to the administration of paracetamol, eg. advised to do so by emergency services personnel prior to ambulance arriving.</li></ul></li></ul>
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<b>Asthma Attack</b>	<p><b>If attack is severe or a first-time attack call for an ambulance immediately and:</b></p> <ul style="list-style-type: none"> <li>• Call for a first aider. Do not leave child alone.</li> <li>• Sit the child upright and remain calm to reassure them</li> <li>• Follow the child's Asthma Management Plan if they have one or follow these steps:             <ul style="list-style-type: none"> <li>○ Without delay shake a blue reliever puffer (inhaler) and <b>give 4 separate puffs</b> through a spacer.</li> <li>○ Use one puff at a time and <b>ask the child to take 4 breaths from the spacer after each puff.</b></li> <li>○ Wait 4 minutes. If there is no improvement repeat previous step.</li> <li>○ If still no improvement after a further 4 minutes, call for an ambulance</li> </ul> </li> <li>• Contact parent/guardian/emergency contact</li> <li>• Complete an Illness Form and ask parent/guardian/emergency contact to sign it.</li> </ul>
<b>Allergic Reaction</b>	<ul style="list-style-type: none"> <li>• Call for a first aider</li> <li>• Follow the child's Allergy Management Plan and use their Epi-pen/Anapen if reaction is severe.</li> </ul> <p><b>If child has no plan and appears to be having an anaphylaxis emergency:</b></p> <ul style="list-style-type: none"> <li>• Lay child flat. Do not let them stand/walk.</li> <li>• If breathing is difficult allow them to sit.</li> <li>• Administer EpiPen Jr adrenaline auto-injection device into thigh area only – may be given through clothing in an emergency and without authorisation.<sup>48</sup></li> <li>• Phone ambulance</li> <li>• Contact parent/guardian/emergency contact</li> <li>• <b>Further adrenaline doses may be given if no response after 5 minutes</b> (if another adrenaline autoinjector is available)</li> <li>• After giving adrenaline:             <ul style="list-style-type: none"> <li>○ Commence CPR if there are no signs of life</li> <li>○ Give asthma medication if unsure whether it is asthma or anaphylaxis</li> <li>○ Place adrenaline auto-injection device in a container, labelled clearly with the time it was given and then hand it over to the ambulance crew.</li> </ul> </li> </ul> <p style="text-align: center;"><b>IF IN DOUBT, GIVE ADRENALINE AUTO-INJECTOR</b></p>

<sup>48</sup> Refer to: ASCIA Action Plan for Anaphylaxis (general) for use with EpiPen

**Snake Bite**

**Signs & symptoms**

- Puncture marks or scratches
- Nausea, vomiting and diarrhoea
- Headache and/or double or blurred vision
- Drooping eyelids
- Bleeding from the site
- Breathing difficulties
- Drowsiness, giddiness or faintness
- Problems speaking or swallowing
- Pain in the throat, chest or abdomen
- Respiratory weakness or arrest

**Procedures**

- If the snake is visible, follow procedures for Snake Sighting in Emergency Management Plan.
- Call for help and a first aider
- Alert the Director
- Phone for an ambulance and follow Procedures for Medical Emergencies
- Do not administer anything by mouth
- First Aider to:
  - Follow DRSABCD
  - Rest and reassure the patient
  - Apply a broad pressure bandage (preferably crepe) over the bite site as soon as possible
  - Apply a pressure immobilisation bandage
  - Apply a firm heavy crepe or elasticised roller bandage
  - Start just above the fingers or toes, and move upwards on the limb as far as can be reached (include the snake bite)
  - Apply tightly without stopping blood supply to the limb
  - Splint the bandaged limb
  - Ensure the patient does not move
  - Write down the time of the bite and when the bandage was applied
  - Stay with the patient
  - Check circulation in fingers or toes

**WARNINGS**

- DO NOT wash venom off the skin
- DO NOT cut the bitten area
- DO NOT try to suck venom out of wound
- DO NOT use a tourniquet
- DO NOT try to catch the snake



<b>Spider Bite or Bee Sting</b>	<p><b>General symptoms of Spider Bite</b></p> <ul style="list-style-type: none"> <li>• Sharp pain, profuse sweating, nausea/vomiting, abdominal pain.</li> </ul> <p><b>Additional symptoms of a Funnel-Web or Mouse spider bite</b></p> <ul style="list-style-type: none"> <li>• Copious secretion of saliva</li> <li>• Muscular twitching and breathing difficulty</li> <li>• Small hairs stand on end</li> <li>• Numbness around mouth</li> <li>• Copious tears</li> <li>• Disorientation and fast pulse</li> <li>• Markedly increased blood pressure</li> <li>• Confusion leading to unconsciousness.</li> </ul> <p><b>Additional symptoms of a Redback spider bite</b></p> <ul style="list-style-type: none"> <li>• Intense local pain which increases and spreads</li> <li>• Small hairs stand on end</li> <li>• Patchy sweating</li> <li>• Headache</li> <li>• Muscle weakness or spasms.</li> </ul> <p><b>Possible signs and symptoms of other spider bites</b></p> <ul style="list-style-type: none"> <li>• Burning sensation, swelling, blistering.</li> </ul> <p><b>First aid for Red-back and other Spider Bites or Bee Sting</b></p> <ul style="list-style-type: none"> <li>• Wash the injured site with soap and water.</li> <li>• Apply a cold pack to the bitten or stung area for 15 minutes and reapply if pain continues.</li> <li>• Call ambulance if the patient develops severe symptoms.</li> </ul> <p><b>First Aid Procedures for Funnel-web/Mouse spider:</b></p> <ul style="list-style-type: none"> <li>• Follow DRSABCD.</li> <li>• Call for an ambulance.</li> <li>• Lie patient down and ask them to keep still. Reassure the patient.</li> <li>• If on a limb, apply an elasticised roller bandage (10–15 cm wide) over the bite site as soon as possible.</li> <li>• Apply a further elasticised roller bandage (10–15 cm wide), starting just above the fingers or toes and moving upwards on the bitten limb as far as can be reached.</li> <li>• Apply the bandage as firmly as possible to the limb (unable to easily slide a finger between the bandage and the skin).</li> <li>• Immobilise the bandaged limb using splints.</li> <li>• Keep the patient lying down and completely still (immobilised).</li> <li>• Write down the time of the bite and when the bandage was applied.</li> <li>• If possible, mark the location of the bite site (if known) on the skin with a pen, or photograph the site.</li> <li>• Do not wash venom off the skin or clothes because it may assist identification.</li> <li>• Stay with the patient until medical aid arrives.</li> </ul>
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<b>Needle Stick Injuries</b>	<ul style="list-style-type: none"><li>• Flush the injured area with flowing water.</li><li>• Wash the affected area with warm soapy water and then pat dry.</li><li>• Cover the wound with a waterproof dressing.</li><li>• Report the injury to the Director as soon as possible.</li><li>• Document needle stick injuries involving a staff member or child on an Incident Report Form.</li><li>• Report the incident to WorkSafe ACT.</li><li>• For incidents involving a child, contact the parent/guardian/emergency contact as soon as practicable and provide a report to the ACT Regulatory Authority (<del>refer to: Serious Incident Report Form.</del></li><li>• See a doctor as soon as possible and discuss the circumstances of the injury.</li></ul>
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### Assessing the Need for an Ambulance

The decision to call an ambulance is made by the Room Leader in conjunction with the Director (or First Aid Officer) after examining each case on its merits.

How to call an ambulance cards will be displayed near all telephones. (Attachment 8: How to call an ambulance card).

**An illness or injury is considered an ‘emergency’ and an ambulance will be called immediately** when the child/person experiences the following (but is not limited to):

- Unconsciousness or an altered conscious state
- Difficulty breathing
- Signs of shock
- Severe bleeding, or is vomiting blood or passing blood
- Slurred speech
- Injuries to the head, neck or back
- Possible broken bones

Staff will:

- Commence first aid.
- Call an ambulance immediately.
- Notify parents/guardians and/or emergency contact persons.

**An illness or injury is considered to require ‘immediate medical attention’** if the symptoms indicate it is potentially serious, for example, a child complains or displays symptoms of intense abdominal pain.

Staff will:

- Commence first aid.
- Notify parents/guardians and/or emergency contact persons and request they take their child to a hospital or doctor immediately.
- If parents and/or emergency contact persons cannot be reached an ambulance will be called.

### Ambulance procedures

- Families are informed when their child requires an ambulance.
- Every effort is made to contact parents/guardians or emergency contacts before taking a child to hospital and again before treatment begins.
- The child will be transported by ambulance unless parents/guardians provide alternative transport.



- **A staff member must accompany the child in the ambulance and will take emergency information to hospital (allergies, contacts, permission records etc)**
- When a staff member accompanies a child in an ambulance, a floating staff member will be required to cover for their absence.
- The cost of ambulance transport is funded by parents.
- Consent is obtained on enrolment to allow ambulance transportation or a suitable alternative.
- When a staff member requires an ambulance, staff must cover the cost themselves, or via their medical insurance or workers compensation.

## Documenting, Injuries, Trauma and Illness

Heritage maintains up to date documentation relating to the First Aid Policy:

### Incident, Injury, Trauma and Illness Records

Heritage management and educators must record details of incidents, injuries, trauma and illness on the relevant forms.

- Child Accident and Injury Report Form
- Child Incident and Trauma Report Form
- Child Incident/Accident/Trauma Summary Report Form
- Child Illness Report Form
- Child and Staff Illness Summary Report Form
- Staff Accident and Injury Report Form

### Details entered must include the following:

- Name and age of the child.
- Circumstances leading to the injury or trauma, or relevant circumstances surrounding the child becoming ill (including any symptoms).
- Time and date the incident occurred, the injury was received, or the child was subjected to the trauma, or the apparent onset of the illness.
- Action taken by the service, including any medication administered, first aid provided, or medical personnel contacted. This is an important way of communicating to a family how their child's illness, injury or trauma has been managed.
- Details of any person who witnessed the incident, injury or trauma, or the apparent onset of illness.
- Name of any person the service notified or attempted to notify and the time and date of the notifications/attempted notifications.
- Name and signature of the person making an entry in the record, and the time and date that the entry was made.
- The signature of a parent/guardian to verify that they have been informed of the occurrence.

### Reporting Requirements

- A parent/guardian must be notified as soon as is practicable, but not later than 24 hours after the occurrence, if the child is involved in any incident, injury, trauma or illness while at the service (Regulation 86).
- Accurate Incident, Injury, Trauma and Illness reports must be kept and stored confidentially until the child is 25 years old (National Regulations 87, 183).
- The Director, in consultation with the Management Committee, must notify the ACT Regulatory Authority of any Serious Incident (as defined in the National Regulations.)<sup>49</sup> within 24 hours of the incident or the time that the person becomes aware of the incident (Section 174(2)(a); Regulation 176(2)(a); Regulation 12).
- Notifiable Incidents (refer to Definitions) must be reported to WorkSafe ACT.
  - Under the *Work Health and Safety ACT 2011*, the Management Committee or Director must notify WorkSafe ACT as soon as they become aware of a death, serious injury,

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<sup>49</sup> Refer to: Definitions

- illness or incident. **Phone:** 6207 3000 or **Email:** [worksafe@act.gov.au](mailto:worksafe@act.gov.au) <sup>50</sup>
- The Director must ensure the site where the incident occurred is left undisturbed as much as possible until an inspector arrives or as directed by the regulator.

### Other Relevant Documentation

- Register of first aid kit safety checks.<sup>51</sup>
- Certified copies of staff first aid qualifications.
- Authorisations by families for staff to administer first aid remedies, such as antiseptic creams, insect bite spray and band aids.<sup>52</sup>
- Authorisation by families to give emergency medical treatment and allow transportation to hospital by ambulance.<sup>53</sup>
- Children and staff Allergy Records.<sup>54</sup>
- Records of children and staff medical conditions and management procedures regarding that condition. <sup>55</sup>
- First aid plans for hazardous chemicals attached to Material Data Sheets.<sup>56</sup>
- Parent/emergency contact/next of kin contact details for children and staff. <sup>57</sup>

## Training and Education

### Educators

- All educators and relief educators will be informed of this policy, the location of the first aid boxes and relevant documentation procedures as part of the staff induction procedure.<sup>58</sup>
- All permanent educators will be trained in emergency procedures and all aspects of workplace health and safety including food safety, hygiene, administering of medication and equipment checks.<sup>59</sup>
- All permanent room educators will have current, approved first aid qualifications including approved emergency anaphylaxis and asthma management training.
- Heritage management will maintain and strengthen the skills and knowledge of all permanent educators in relation to first aid and responding to incidents including medical emergencies through professional development including the provision of refresher first aid courses.
- All permanent room educators will be trained in standard precautions when undertaking first aid and understand the importance of minimising cross infection while providing a basic level of infection control. All first aid kits will contain Protective Personal Equipment (PPE) aids such as disposable gloves.
- All educators will be required to be role models and understand that modelling is an important way to teach children about safe behaviours and practices.
- Heritage will encourage educators to debrief after a first aid response.
- Support and counselling will be available from ANU if required, at own cost.

### Families

- Families will be educated about this policy and health and safety issues through the orientation and enrolment process, factsheets, posters in rooms and the newsletter.

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<sup>50</sup> [https://www.accesscanberra.act.gov.au/app/answers/detail/a\\_id/2198/~/worksafe-act](https://www.accesscanberra.act.gov.au/app/answers/detail/a_id/2198/~/worksafe-act)

<sup>51</sup> Refer to: Work Health and Safety Policy

<sup>52</sup> Refer to: Enrolment and Graduating Rooms Policy

<sup>53</sup> Refer to: Illness and Infectious Diseases Policy

<sup>54</sup> Refer to: Allergy and Anaphylaxis (including Nut Free) Policy

<sup>55</sup> Refer to: Medical Conditions Policy

<sup>56</sup> Refer to: Dangerous Products Policy

<sup>57</sup> Refer to: Enrolment and Graduating Rooms Policy; Employment and Staffing Policy

<sup>58</sup> Refer to: Employment and Staffing (incl. Students and Volunteers) Policy

<sup>59</sup> Refer to: Work Health and Safety Policy





### Children

- Children will be made aware of health and safety issues as part of the educational program.
- Educators will debrief with children after a first aid response by talking about what happened at group time in an appropriate manner.

### Monitoring, Evaluation and Review

- The Heritage First Aid for Injuries, Trauma and Illness Policy will be monitored to ensure compliance with legislative requirements and reviewed as part of the service's on-going policy review cycle.
- Families and staff will be recognised as essential stakeholders in the policy review process and encouraged to participate in the policy review process.
- In accordance with Regulation 172 of the Education and Care Services National Regulations, the service will ensure that families of children enrolled at the service are notified at least 14 days before making any change to a policy or procedure that may have significant impact on the provision of education and care to any child enrolled at the service; a family's ability to utilise the service; the fees charged or the way in which fees are collected.

### Summary of Responsibilities

#### **The Management Committee is responsible for ensuring:**

- Every reasonable precaution is taken to protect children at the service from harm and hazards that are likely to cause injury (National Law, Section 167).
- Policies and procedures are in place at the service in relation to the administration of first aid (Regulation 168(2)(a)(iv) and effectively managing incidents, injuries, trauma and illness 168(2)(b).<sup>60</sup>
- Procedures are in place to ensure all permanent educators have up to date and ACECQA approved first aid qualification including emergency management of asthma and anaphylaxis. (Exceeding Regulation 136(1)(a)); National Law Section 169(4); National Regulation 137).
- There is a Supervision Policy in place to ensure children are adequately supervised at all times.
- There is a Work Health and Safety Policy, Hygiene and Infection Control Policy and Food Safety Policy in place to ensure the premises are kept clean, safe and in good repair.
- A Work Health and Safety risk assessment process is in place in relation to incidents, injuries, trauma and illness and the risk assessment is regularly updated.
- Procedures are in place to ensure all permanent educators have up to date and approved first aid qualification including emergency management of asthma and anaphylaxis. (Exceeding Regulation 136(1)(a)).
- Procedures are in place to ensure an appropriate number of up-to-date, fully equipped first aid kits are provided and maintained that meet Australian Standards, including for excursions and evacuations.
- Procedures are in place for ensuring that incident, injury, trauma and illness records are kept and stored securely until the child is 25 years old (Regulations 87, 183).
- Procedures are in place to ensure that completed medication records are kept until the end of 3 years after the child's last attendance (Regulation 92, 183).<sup>61</sup>
- Procedures are in place for notifying a parent/guardian as soon as is practicable, but not later than 24 hours after the occurrence, if the child is involved in any incident, injury, trauma or illness while at the service (Regulation 86).
- Procedures are in place to ensure the Director, in consultation with the Management Committee, notifies the ACT Regulatory Authority of any Serious Incident (as defined in the National Regulations)<sup>62</sup> within 24 hours of the incident or the time that the person becomes aware of the incident (Section 174(2)(a); Regulation 176(2)(a); Regulation 12).

<sup>60</sup> Refer also to: Emergency and Evacuation Policy; Illness and Infectious Diseases Policy.

<sup>61</sup> Refer to: Medication Policy

<sup>62</sup> Refer to: Definitions



**The Director or Responsible Person in Charge is responsible for ensuring:**

- Every reasonable precaution is taken to protect children at the service from harm and hazards that are likely to cause injury (National Law, Section 167).
- This policy and associated procedures are consistently implemented at the service in relation to the administration of first aid and the effective management of incidents, injuries, illness and trauma.
- There is an induction process for all new permanent educators and relief educators that includes providing information on the location of first aid kits, first aid procedures and the location of all forms.
- Families are notified of this policy and provided with access on enrolment and orientation.
- Medication, incident, injury, trauma and illness records are maintained and archived according to regulatory requirements.
  - Incident, injury, trauma and illness records are kept and stored securely until the child is 25 years old (Regulations 87, 183).
  - Medication records are kept until the end of 3 years after the child's last attendance (Regulation 92, 183).<sup>63</sup>
- A risk assessment is undertaken and regularly updated in relation to incidents, injuries, trauma and illness.<sup>64</sup>
- The Heritage premises and grounds are regularly checked for hazards and those identified are safely removed.
- All equipment meets Australian Safety Standards.<sup>65</sup>
- Children are appropriately supervised at all times.<sup>66</sup>
- Dangerous products are stored correctly.<sup>67</sup>
- A staff member is nominated as the First Aid Officer annually.
- All permanent educators have up to date and ACECQA approved first aid qualification including emergency management of asthma and anaphylaxis. (Exceeding Regulation 136(1)(a)); National Law Section 169(4)); National Regulation 137).
- First aid certificates and training details are recorded on each staff member's record.
- Educators are reminded when their first aid certificate is about to expire (every 3 years) and first aid refresher courses are provided for educators as part of their professional development. **Note:** The Australian Resuscitation Council recommend that the CPR component of the first aid course is renewed every 12 months.
- Educators practise CPR and administering an auto-injecting device at least annually, for example at staff meetings.
- Suitably equipped first aid and emergency asthma and anaphylaxis kits are ~~provided~~, maintained, regularly checked (including for use by dates)<sup>68</sup> and taken on excursions, other off-site activities and evacuation.
- Out of date first aid materials are disposed of appropriately.<sup>69</sup>
- Safety signs showing the location of first aid kits are clearly displayed.
- How to call an Ambulance cards are displayed near all telephones at the service (Attachment 8).
- A resuscitation flow chart is displayed in a prominent position in both the indoor and outdoor areas of the service.
- Educators are informed of any changes to first aid procedures.
- Enrolment forms provide authorisation to seek emergency medical treatment and ambulance transportation or parents provide a suitable alternative plan.
- Enrolment forms allow parents/guardians to provide authorisation to give Paracetamol, antihistamine, Stingose and other first aid medicines.
- All children and staff allergy records are maintained and readily available (e.g., on excursions).<sup>70</sup>

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<sup>63</sup> Refer to: Medication Policy

<sup>64</sup> Refer to: Attachment: Risk Assessment

<sup>65</sup> Refer to: Work Health and Safety Policy

<sup>66</sup> Refer to: Supervision and Water Safety Policy

<sup>67</sup> Refer to: Dangerous Products Policy

<sup>68</sup> Refer to: Work Health and Safety Policy

<sup>69</sup> Refer to: Dangerous Products Policy



- Records of any medical conditions and management procedures regarding that condition are maintained and available.<sup>71</sup>
- Parent/emergency contact/staff next of kin contact details are maintained, up to date and kept to hand near the phone in the Main Office.
- Maintaining all enrolment and other medical records in a confidential manner as per the Privacy and Confidentiality Policy and Procedures.
- Medication (including prescription, over the counter and homeopathic medications) are not administered to a child at Heritage without correct authorisation by a parent/guardian or person with the authority to consent to administration of medical attention to the child such as an emergency contact person.<sup>72</sup>
  - In the case of an emergency, it is acceptable to obtain verbal consent from a parent/guardian/emergency contact or a registered medical practitioner or medical emergency services if the child's parent/guardian/emergency contact cannot be contacted.
  - In the case of an anaphylaxis or asthma emergency, medication may be administered to a child without authorisation. In this circumstance, the child's parent and emergency services must be contacted as soon as possible.
- Notifying parents/guardians immediately after an incident, injury, trauma or medical emergency, or as soon as is practicable.
- Requesting the parents/guardians make arrangements for the child or children involved in an incident or medical emergency to be collected from the service or informing parents/guardians if an ambulance has been called.
- Notifying other person/s as authorised on the child's enrolment form when the parents/guardians are not contactable.
- The ACT Regulatory Authority is notified, in consultation with the Management Committee, via the National Quality Agenda IT System (NQAITS) in of any Serious Incident (according the National Regulations)<sup>73</sup> within 24 hours of the incident or the time that the person becomes aware of the incident (Section 174(2)(a); Regulation 176(2)(a); Regulation 12).
- Ensuring that regulatory and legislative responsibilities are met in relation to any incident, injury or medical emergency.
- Reviewing the cause of any incident, injury or illness and taking appropriate action to remove the cause if required. An Incident and Accident Summary Report Form is completed as required annually to track any trend.

### **First Aid Officer**

The First Aid Officer is responsible for:

- Knowing the location of first aid kits, including emergency anaphylaxis and asthma kits.
- Responding to requests for first aid according to their level of training.
- Where appropriate, arranging for additional medical assistance or ambulance.
- Disposing of contaminated clinical waste in an appropriate manner.

### **Room Leader**

The Room Leader (or person acting in their absence is responsible) for:

- Knowing the location of first aid kits, including emergency anaphylaxis and asthma kits.
- Displaying children's asthma/allergy/anaphylactic management plans in their room.
- Responding to requests for first aid according to their level of training.
- Where appropriate, arranging for additional medical assistance or ambulance.
- Disposing of contaminated clinical waste in an appropriate manner.
- Ensuring daily safety checks are undertaken.
- Ensuring dangerous items are inaccessible to children such as plastic bags, glass etc.

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<sup>70</sup> Refer to: Allergy and Anaphylaxis (incl Nut Free Policy)

<sup>71</sup> Refer to: Medical Conditions Policy

<sup>72</sup> Refer to: Medication Policy

<sup>73</sup> Refer to: Definitions



- Ensuring children are settled for rest and sleep according to Red Nose guidelines.<sup>74</sup>
- Ensuring hygiene and food safety procedures are followed.

**All Educators are responsible for:**

- Adequately supervising children at all times.<sup>75</sup>
- Undertaking daily safety checks as rostered.
- Ensuring children are settled for rest and sleep according to Red Nose guidelines.<sup>76</sup>
- Being aware of the signs and symptoms of injury, illness or trauma.
- Being aware of individual children's medical conditions, allergies and immunisation status and using this knowledge when responding to any incident, injury, trauma or illness.
- Knowing the location of first aid kits, including emergency anaphylaxis and asthma kits.
- Knowing the location of documentation and forms and how to complete them (see Attachments).
- Implementing appropriate first aid procedures when necessary.
- Responding to children showing signs of illness and monitoring the symptoms of the child and recording them as appropriate.
- In response to a child registering a high temperature, following procedures for high temperatures, and completing an illness record as required.<sup>77</sup>
- Seeking further medical attention for a child if required.
- Ensuring all children are adequately supervised while providing first aid and comforting children experiencing an incident, injury or trauma.
- Contacting the child's authorised person to inform them of any injury, illness or trauma experienced by their child and requesting the collection of the child if necessary.
- Recording details of any incident, injury, trauma or illness on the relevant forms (see Attachments) as soon as is practicable but not later than 24 hours after the occurrence, including the first aid given.
- Maintaining current approved first aid qualifications including anaphylaxis management and emergency asthma management, as required.
- Notifying the Director **two months** prior to the expiration of their first aid, asthma or anaphylaxis accredited training.
- Practicing CPR and the administration of an auto-injection device at least annually.
- Disposing of contaminated clinical waste in an appropriate manner.<sup>78</sup>
- Storing dangerous products appropriately.
- Following hygiene and food safety procedures.

**Families are responsible for:**

- Providing written authorisation via the enrolment record for staff to administer emergency medical treatment, first aid and call an ambulance as required (Regulation 161(1)).
- Paying all costs incurred when an ambulance service is called to attend to their child at the service.
- Notifying the service on enrolment or diagnosis of any medical conditions or individual or additional needs their child has including allergies and the management procedures to be followed regarding those conditions (Regulation 162).
- Ensuring that they provide the service with a current Medical Management Plan, if applicable (Regulation 162(d))
- Ensuring any personal medications are handed to an educator for safe storage at the start of the day.
- Providing the required information on the service's Medication Form as required.<sup>79</sup>
- Being contactable either directly or through emergency contacts listed on the child's enrolment record, in the event of an incident requiring the administration of first aid.

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<sup>74</sup> Refer to: Sleep, Rest and Relaxation Policy

<sup>75</sup> Refer to: Definitions

<sup>76</sup> Refer to: Sleep, Rest and Relaxation Policy

<sup>77</sup> Refer to: Illness and Infectious Diseases Policy

<sup>78</sup> Refer to: Hygiene and Infection Control Policy; Dangerous Products Policy

<sup>79</sup> Refer to: Medication Policy



- Collecting their child within one hour, and preferably 30 minutes, when notified of an incident, injury or medical emergency involving their child
- Informing the service of an infectious disease or illness that has been identified while the child has not attended the service, and that may impact on the health and wellbeing of other children, staff and parents/guardians attending Heritage.
- Notifying educators if there is a change in the condition of their child's health, or if there have been any recent accidents or incidents that may impact on the child's care e.g., any bruising or head injuries.
- Notifying the service by telephone when their child will be absent from their regular educational program.
- Signing the relevant Incident, Injury, Trauma and Illness Forms, acknowledging that they have been made aware of the incident.
- Covering all costs associated with ambulance transport.
- Ensuring children arrive dressed for the day in accordance with the Clothing and Footwear and Sun/UV Protection Policies.
- Adhering to the Nut Free Policy and excluded foods list.
- Ensuring children's nails are trimmed appropriately.
- Driving safely and ensuring children are supervised in the car park.
- Not bringing toys or unsafe items from home.

**Volunteers and students are responsible for:**

Following this policy and its procedures while attending the Heritage service or assisting on excursions or other off-site activities.

**Related Policies**

<b>Name</b>	<b>Location</b>
Allergy and Anaphylaxis (including Nut Free) Policy	Heritage Handbook
Asthma Policy	
Clothing and Footwear Policy	
Dangerous Products Policy	Policies and Procedures section in Members Area on website
Diabetes Type 2 Policy	
Excursions and Incursions Policy	
Employment and Staffing (incl. Students and Volunteers) Policy	
Emergency and Evacuation Policy	Policy and Procedures Manuals in Main Office, Main Entrance and Staff Resources Room
Enrolment and Graduating Rooms Policy	
Illness and Infectious Diseases Policy	
Immunisation Policy	Educator Handbooks
Food Safety Policy (Food from Home)	
HACCP Plan (Food Made on Premises)	
Hygiene and Infection Control Policy	
Medical Conditions Policy	
Medication Policy	
Privacy and Confidentiality Policy	
Sleep, Rest and Relaxation Policy	
Supervision and Water Safety Policy	
UV/Sun Protection Policy	
Work Health and Safety Policy	





## References

### Legislative References

**Australian Children's Education and Care Quality Authority (ACECQA). (2020).** *Guide to the National Quality Framework.*

<https://www.acecqa.gov.au/sites/default/files/2020-09/Guide-to-the-NQF-September-2020.pdf>

**Australian Government Department of Education, Employment and Workplace Relations. (2009).** *Belonging, Being & Becoming, the Early Years Learning Framework for Australia*

[https://www.acecqa.gov.au/sites/default/files/2018-02/belonging\\_being\\_and\\_becoming\\_the\\_early\\_years\\_learning\\_framework\\_for\\_australia.pdf](https://www.acecqa.gov.au/sites/default/files/2018-02/belonging_being_and_becoming_the_early_years_learning_framework_for_australia.pdf)

**Education and Care Services National Law Act 2011 (ACT).** *Effective 1 January 2018.*

<http://www.legislation.act.gov.au/a/2011-42/current/pdf/2011-42.pdf>

**Education and Care Services National Regulations 2011 (ACT).** *Effective 1 October 2020.*

<https://www.legislation.nsw.gov.au/#/view/regulation/2011/653>

### Other References

**Australian Children's Education and Care Quality Authority (ACECQA). (2020).** *First Aid Qualifications and Training.* <https://www.acecqa.gov.au/qualifications/requirements/first-aid-qualifications-training>

**ACT Government. (2012).** *Work Health and Safety (First Aid in the Workplace Code of Practice)*

**Australian National University. (2005).** *ANU Policies: Procedure: First Aid, Provision of Services.*

**Community Early Learning Australia (CELA) (2019).** *Sample Policy: Administration of First Aid.* [https://www.cela.org.au/resource\\_category/sample-required-policies/](https://www.cela.org.au/resource_category/sample-required-policies/)

**National Childcare Accreditation Council. (2007).** *Sample First Aid Policy Template.*

<http://ncac.acecqa.gov.au/educator-resources/policy-development/emergency.doc>

**Safe Work Australia. (2019).** *Model Code of Practice: First Aid in the Workplace.*

<https://www.safeworkaustralia.gov.au/doc/model-code-practice-first-aid-workplace>

**St John Ambulance Australia. (2012).** *First Aid Fact Sheets.*

<https://stjohn.org.au/first-aid-facts>

**University Preschool and Childcare Centre. (2012).** *Policy Handbook: Emergency First Aid and Accident Prevention Policy.* <http://preschool.weblogs.anu.edu.au/files/2012/08/Policy-Handbook-August2012.pdf>

**WorkSafe ACT. (2012).** *Codes of Practice.*

<https://www.accesscanberra.act.gov.au/app/home/workhealthandsafety/constructionsafety>

### Useful Websites

WorkSafe ACT:

<https://www.accesscanberra.act.gov.au/app/home/workhealthandsafety>

ACT Emergency Services Agency: <http://esa.act.gov.au/>

Allergy and Anaphylaxis Australia: <https://allergyfacts.org.au/>

Asthma Australia: [www.asthmaaustralia.org.au](http://www.asthmaaustralia.org.au)

Australian Resuscitation Council Online: <http://www.resus.org.au>

Standards Australia: [www.standards.org.au](http://www.standards.org.au)

Safe Work Australia: <http://www.safeworkaustralia.gov.au/sites/SWA>

St. John Ambulance: [www.stjohn.org.au](http://www.stjohn.org.au)

### Useful Factsheets

**Health Direct** – [healthdirect.gov.au](http://healthdirect.gov.au)

**St John Ambulance Australia** - First Aid Fact Sheets.

<https://stjohn.org.au/first-aid-facts>

**Planning for Emergencies** -

[http://ncac.acecqa.gov.au/educator-resources/factsheets/qias\\_factsheet\\_19.pdf](http://ncac.acecqa.gov.au/educator-resources/factsheets/qias_factsheet_19.pdf)

**Safety in Children's Services** -

[http://ncac.acecqa.gov.au/educator-resources/factsheets/qias\\_factsheet\\_%202.pdf](http://ncac.acecqa.gov.au/educator-resources/factsheets/qias_factsheet_%202.pdf)

**Sample First Aid Fact Sheets for Families** (In Forms Directory on Main Office Computer)

- Home Safety Checklist for Families
- Head Injury Instructions for Families



- Nosebleed Factsheet
- Australian Poisonous Plants
- Poisonous Fungi
- Bites and Stings
- Spider Bites
- Snakebites
- Tick Bites
- Kids and Poisons

## Version Control and Change History

Version Number	Approval Date	Approved by	Author and Amendments
1	October 2001	Heritage Committee	
2	September 2009	Heritage Committee	Author: Julia Charters Combined First Aid Policy with Accident and Emergency Procedure. Complete rewrite based on NCAC First Aid Policy template.
3	April 2013	Heritage Committee	Author: Julia Charters. Updated Rationale, Related Policies and Reference. Safework Australia 2012 introduced 'First aid in the Workplace' Code of Practice under the Work Health and Safety Act. Workplaces are now expected to undertake a risk assessment. Added Risk Assessment chart. Added new regulations requirement regarding approved anaphylaxis and asthma management training. Added that children's asthma and allergy medication will be kept in a separate, labelled box, alongside the first aid box in the Main Office and taken on excursions and during evacuations/ lockdowns. Added Snake Bite procedures.
4	October 2013	Director	Author: Julia Charters. Added serious incidents must be reported to the ACT Regulatory Authority using Form S101. Updated authorisations to administer medication & paracetamol to reflect the Medical Conditions and Medication Policy 2013. Contents of anaphylaxis and asthma emergency kits defined and updated; Anaphylaxis first aid procedures updated as per Asthma and Allergy Policy updates 2013. Updated first aid procedures for convulsions. Added the Australian Resuscitation Council recommend that the CPR component of the first aid course is renewed every 12 months.
5	August 2017	Director	Updated to reflect Hygiene Policy update and Dangerous Products Policy update in 2015 and Illness Policy update in 2016 Amendment to National Law and Regulations from October 2017 will permit a staff member (not only an educator) or nominated supervisor to be the person immediately available who holds an approved first aid, anaphylaxis and emergency asthma management qualification.
6	November 2019	Director	Updated to reflect Medication Policy update. The discretion to administer paracetamol as a first aid remedy for a high temperature will be rarely used by the Director/Responsible Person in Charge.



7	April 2020	Heritage Management Committee	Author: Julia Charters Updated References and Legislation Added detailed references to National Regulations. Updated Risk Assessment. Added firepit risk and Regular Outings/Gulambany Program Risk Benefits Analysis. Added Spider Bite First Aid Procedures Added Table of Contents. Added detailed Summary of Responsivities and Documenting and Reporting Requirements. Added Guide to Calling an Ambulance Card Added all related forms as Attachments
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## Appendix 1: National Law, Regulations and Quality Standards

### National Law Section 167: Protection from harm and hazards

- (1) The approved provider of an education and care service must ensure that every reasonable precaution is taken to protect children being educated and cared for by the service from harm and from any hazard likely to cause injury.
- (2) A nominated supervisor of an education and care service must ensure that every reasonable precaution is taken to protect children being educated and cared for by the service from harm and from any hazard likely to cause injury.

### National Law Section 169: Offence relating to staffing arrangements

- (1) An approved provider of an education and care service must ensure that, whenever children are being educated and cared for by the service, the relevant number of educators educating and caring for the children is no less than the number prescribed for this purpose.
- (2) An approved provider of an education and care service must ensure that each educator educating and caring for children for the service meets the qualification requirements relevant to the educator's role as prescribed by the national regulations.
- (3) A nominated supervisor of an education and care service must ensure that, whenever children are being educated and cared for by the service, the relevant number of educators educating and caring for the children is no less than the number prescribed for this purpose.
- (4) A nominated supervisor of an education and care service must ensure that each educator educating and caring for children for the service meets the qualification requirements relevant to the educator's role as prescribed by the national regulations.

### National Law Section 174: Offence to fail to notify certain information to Regulatory Authority

- (2) An approved provider must notify the Regulatory Authority of the following information in relation to an approved education and care service operated by the approved provider:
  - (a) any serious incident at the approved education and care service;
  - (b) any complaints alleging--
    - (i) that a serious incident has occurred or is occurring while a child was or is being educated and cared for by the approved education and care service; or
    - (ii) that this Law has been contravened;
  - (c) information in respect of any other prescribed matters.

### National Regulation 168(2)

- (1) The approved provider of an education and care service must ensure that the service has in place policies and procedures in relation to the matters set out in sub-regulation (2).
- (2) Policies and procedures are required in relation to the following—
  - (a) Health and safety, including matters relating to—
    - (iv) the administration of first aid;
  - (b) Incident, injury, trauma and illness procedures complying with regulation 85;

### National Regulation 136: First aid qualifications

- (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.
- (4) The same person may hold one or more of the qualifications set out in subregulation (1).
- (5) In this regulation:
  - approved anaphylaxis management training means anaphylaxis management training approved by the National Authority in accordance with Division 7;



- approved emergency asthma management training means emergency asthma management training approved by the National Authority in accordance with Division 7;
- approved first aid qualification means a qualification that—
  - (a) includes training in the following that relates to and is appropriate to children—
    - (i) emergency life support and cardio-pulmonary resuscitation;
    - (ii) convulsions;
    - (iii) poisoning;
    - (iv) respiratory difficulties;
    - (v) management of severe bleeding;
    - (vi) injury and basic wound care;
    - (vii) administration of an auto-immune adrenalin device; and
  - (b) has been approved by the National Authority in accordance with Division 7.

National Regulation 89: First aid kits

(1) The approved provider of an education and care service must ensure that first aid kits are kept in accordance with this subregulation, wherever the service is providing education and care to children—

- (a) an appropriate number of first aid kits must be kept having regard to the number of children being educated and cared for by the service; and
- (b) the first aid kits must be suitably equipped; and
- (c) the first aid kits must be easily recognisable and readily accessible to adults, having regard to the design of the education and care service premises.

National Regulation 85: Incident, injury, trauma and illness policies and procedures

The incident, injury, trauma and illness policies and procedures of an education and care service required under regulation 168 must include procedures to be followed by nominated supervisors and staff members of, and volunteers at, the service in the event that a child—

- (a) is injured; or
- (b) becomes ill; or
- (c) suffers a trauma.

National Regulation 86: Notification to parents of incident, injury, trauma and illness

The approved provider of an education and care service must ensure that a parent of a child being educated and cared for by the service is 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 by the education and care service.

National Regulation 87: Incident, injury, trauma and illness record

(1) The approved provider of an education and care service must ensure that an incident, injury, trauma and illness record is kept in accordance with this regulation.

(2) A family day care educator must keep an incident, injury, trauma and illness record in accordance with this regulation.

(3) The incident, injury, trauma and illness record must include—

- (a) details of any incident in relation to a child or injury received by a child or trauma to which a child has been subjected while being educated and cared for by the education and care service or the family day care educator, including—
  - (i) the name and age of the child; and
  - (ii) the circumstances leading to the incident, injury or trauma; and
  - (iii) the time and date the incident occurred, the injury was received or the child was subjected to the trauma;
- (b) details of any illness which becomes apparent while the child is being educated and cared for by the education and care service or the family day care educator including—
  - (i) the name and age of the child; and
  - (ii) the relevant circumstances surrounding the child becoming ill and any apparent symptoms; and
  - (iii) the time and date of the apparent onset of the illness;
- (c) details of the action taken by the education and care service or family day care educator in relation to any incident, injury, trauma or illness which a child has suffered



while being educated and cared for by the education and care service or family day care educator, including—

- (i) any medication administered or first aid provided; and
  - (ii) any medical personnel contacted;
  - (d) details of any person who witnessed the incident, injury or trauma;
  - (e) the name of any person—
    - (i) whom the education and care service notified or attempted to notify, of any incident, injury, trauma or illness which a child has suffered while being educated and cared for by the education and care service or family day care educator; and
    - (ii) the time and date of the notifications or attempted notifications;
  - (f) the name and signature of the person making an entry in the record, and the time and date that the entry was made.
- (4) The information referred to in sub-regulation (3) must be included in the incident, injury, trauma and illness record as soon as practicable, but not later than 24 hours after the incident, injury or trauma, or the onset of the illness.

National Regulation 97(1): Emergency and evacuation procedures

- (1) The emergency and evacuation procedures required under regulation 168 must set out—
- (a) instructions for what must be done in the event of an emergency

National Regulation 12 (a-c): Meaning of serious incident

For the purposes of section 174(5) of the Law, the following are prescribed as serious incidents—

- (a) the death of a child—
  - (i) while being educated and cared for by an education and care service; or
  - (ii) following an incident while being educated and cared for by an education and care service;
- (b) any incident involving serious injury or trauma to, or illness of, a child while being educated and cared for by an education and care service—
  - (i) which a reasonable person would consider required urgent medical attention from a registered medical practitioner. Examples: Whooping cough, broken limb, anaphylaxis reaction.
  - (ii) for which the child attended, or ought reasonably to have attended, a hospital;
- (c) any incident where the attendance of emergency services at the education and care service premises was sought, or ought reasonably to have been sought;

National Regulation 88(2): Infectious diseases

(2) If there is an occurrence of an infectious disease at a centre-based service, the approved provider of the service must ensure that a parent or an authorised emergency contact of each child being educated and cared for by the service is notified of the occurrence as soon as practicable.

National Regulation 93(3): Administration of medication

- (3) The nominated supervisor of an education and care service must ensure that medication is not administered to a child being educated and cared for by the service unless—
- (a) that administration is authorised; and
  - (b) the medication is administered in accordance with regulation 95 or 96.
- (5) In this regulation the administration of medication to a child is authorised if an authorisation to administer the medication—
- (a) is recorded in the medication record for that child under regulation 92; or
  - (b) in the case of an emergency, is given verbally by—
    - (i) a parent or a person named in the child's enrolment record as authorised to consent to administration of medication; or
    - (ii) if a parent or person named in the enrolment record cannot reasonably be contacted in the circumstances, a registered medical practitioner or an emergency service.



National Regulation 94: Exception to authorisation requirement—anaphylaxis or asthma emergency

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

137 Approval of qualifications

- (1) The National Authority must publish on its website lists of qualifications it has approved for
  - (e) a list of approved first aid qualifications and anaphylaxis management and emergency asthma management training.

183 Storage of records and other documents

- (1) The approved provider of an education and care service must ensure that records and documents set out in regulation 177 are stored--
  - (a) in a safe and secure place; and
  - (b) for the relevant period set out in sub-regulation (2).
- (2) The records must be kept--
  - (a) if the record relates to an incident, illness, injury or trauma suffered by a child while being educated and cared for by the education and care service, until the child is aged 25 years;
  - (b) if the record relates to an incident, illness, injury or trauma suffered by a child that may have occurred following an incident while being educated and cared for by the education and care service, until the child is aged 25 years;
  - (c) if the record relates to the death of a child while being educated and cared for by the education and care service or that may have occurred as a result of an incident while being educated and cared for, until the end of 7 years after the death;

National Quality Standard: Quality Area 2: Children's Health and Safety

Standard 2.1. Health. Each child's health and physical activity is supported and promoted.

Element 2.1.1. Wellbeing and comfort.

Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation.

Element 2.1.2. Health practices and procedures. Effective illness and injury management and hygiene practices are promoted and implemented.

Standard 2.2. Safety. Each child is protected.

Element 2.2.1. Supervision. At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

Element 2.2.2. Incident and emergency management. Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented



## Attachment 1: Heritage Child Accident and Injury Report Form

Child's Full Name \_\_\_\_\_ Age \_\_\_\_\_ First Aider \_\_\_\_\_  
 Room \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Location of Accident \_\_\_\_\_  
 Nearby Supervisors \_\_\_\_\_ Adult Witness \_\_\_\_\_

### Description of accident or injury and circumstances leading up to it:

<p><b>Nature of the Injury</b></p> <ul style="list-style-type: none"> <li>Abrasion</li> <li>Anaphylaxis</li> <li>Asthma Attack</li> <li>Bite</li> <li>Bruise</li> <li>Burn</li> <li>Choking</li> <li>Concussion</li> <li>Cut</li> <li>Dislocation</li> <li>Fracture</li> <li>Nosebleed</li> <li>Poisoning</li> <li>Scratch</li> <li>Sting</li> <li>Sprain</li> <li>Swelling/red mark</li> <li>Other.....</li> </ul>		  
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**First Aid Given**

Antiseptic Wipes	Ice Block	Sling	TLC	Epi Pen
Band Aid	Ice Pack	Stingose	Ventolin	Bandage
Lasinol	Stop Itch	Betadine	Cold Cloth	Saline Solution
Sugar	None	Other _____		

**Action Taken**

First Aid     
  Ambulance Called     
  Hospital by Car  
 Parents     
  Guardian     
  Emergency Contact     
  Doctor notified by:

**Phone:** Time \_\_\_\_\_     
  **Phone Message:** Time/s \_\_\_\_\_     
  **Verbally:** Time \_\_\_\_\_

Person who made contact \_\_\_\_\_ Person contacted \_\_\_\_\_

Children's Services notified (if required): Yes/No     
 Date: \_\_\_\_\_     
 Time: \_\_\_\_\_     
 am/pm

**Printed Names and Signatures**

Person Completing Report \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Time \_\_\_\_\_  
 Nominated Supervisor \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_  
 Parent \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_



### Attachment 2: Heritage Child Incident and Trauma Report Form

Child's Full Name \_\_\_\_\_ Age \_\_\_\_\_  
Room \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Location of Incident/Trauma \_\_\_\_\_  
Reported By \_\_\_\_\_ Adult Witness \_\_\_\_\_

**Description of Incident/Trauma and circumstances surrounding it:**

(eg, details of what staff/parent/witness saw)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Action Taken**

Discussion with Staff Member/Parent \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Verbally** and time \_\_\_\_\_

**Phone** and Time/s \_\_\_\_\_

Person who made contact \_\_\_\_\_

Person who was contacted \_\_\_\_\_

Children's Services notified: Yes/No Date \_\_\_\_\_ Time \_\_\_\_\_

Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Follow-up and Outcomes**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Printed Names and Signatures**

Person Completing Report _____	Sign _____	Date _____
		Time _____
Nominated Supervisor _____	Sign _____	Date _____
Parent _____	Sign _____	Date _____



**Attachment 3: Heritage Early Childhood Centre: Child Incident, Accident or Trauma Summary Form**

<b>Child that got hurt/ traumatised First Name, Surname, Age</b>	<b>Date, Time and Location of Incident /Accident/Trauma</b>	<b>Description of Incident/Accident/Trauma eg, Attempted bite/fall/bullying behaviour</b>	<b>Child that caused Incident/Accident/Trauma (if applicable) First name, Surname, Age</b>



## Attachment 4: Heritage Early Childhood Centre: Child Illness Report Form

Child's Full Name \_\_\_\_\_ Age \_\_\_\_\_ First Aider \_\_\_\_\_

Room \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**Description of Illness, including symptoms and circumstances leading up to it**  
(Please note this is not a diagnosis)

### First Aid Given

Panadol	Epi-pen	
Tepid Bath	Sugar	Other
Ventolin	TLC	

### Action Taken

First Aid                       Ambulance Called                       Hospital by Car

Parent /  Guardian /  Emergency Contact /  Doctor notified by:

Verbally

Phone

Phone Message

Time/s (including attempted notifications) \_\_\_\_\_

Name of Person/s who made the contact \_\_\_\_\_

Name of person contacted \_\_\_\_\_

**If Emergency Contact/Doctor was contacted as well, please print name**

\_\_\_\_\_

Regulatory Authority notified: Yes /No

### Printed Names and Signatures

Person Completing Report \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

Time \_\_\_\_\_

Director \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

### Follow-up Notes:



**Attachment 5: Heritage Early Childhood Centre: Child and Staff Illness Register**

Date	First and Surname of Child Age and Room or Staff Name and Room	Symptoms	Action Taken	How were Parents notified?	How Centre was notified?	Staff Signature	Medical Confirmed Diagnosis # Days Absent
			Sent home Kept home Staff: Stayed home/ Sent home	<ul style="list-style-type: none"> <li>• Phone</li> <li>• Verbally</li> <li>• Email/Text</li> <li>• Mum/Dad</li> <li>• Other Contact</li> </ul>	<ul style="list-style-type: none"> <li>• Phone</li> <li>• Verbally</li> <li>• Email/Text</li> <li>• Mum/Dad</li> <li>• Staff/Partner</li> </ul>		Diagnosis  Required # Days / hours
			Sent home Kept home Staff: Stayed home/ Sent home	<ul style="list-style-type: none"> <li>• Phone</li> <li>• Verbally</li> <li>• Email/Text</li> <li>• Mum/Dad</li> <li>• Other Contact</li> </ul>	<ul style="list-style-type: none"> <li>• Phone</li> <li>• Verbally</li> <li>• Email/Text</li> <li>• Mum/Dad</li> <li>• Staff/Partner</li> </ul>		Diagnosis  Required # Days / hours
			Sent home Kept home Staff: Stayed home/ Sent home	<ul style="list-style-type: none"> <li>• Phone</li> <li>• Verbally</li> <li>• Email/Text</li> <li>• Mum/Dad</li> <li>• Other Contact</li> </ul>	<ul style="list-style-type: none"> <li>• Phone</li> <li>• Verbally</li> <li>• Email/Text</li> <li>• Mum/Dad</li> <li>• Staff/Partner</li> </ul>		Diagnosis  Required # Days / hours
			Sent home Kept home Staff: Stayed home/ Sent home	<ul style="list-style-type: none"> <li>• Phone</li> <li>• Verbally</li> <li>• Email/Text</li> <li>• Mum/Dad</li> <li>• Other Contact</li> </ul>	<ul style="list-style-type: none"> <li>• Phone</li> <li>• Verbally</li> <li>• Email/Text</li> <li>• Mum/Dad</li> <li>• Staff/Partner</li> </ul>		Diagnosis  Required # Days / hours
			Sent home Kept home Staff: Stayed home/ Sent home	<ul style="list-style-type: none"> <li>• Phone</li> <li>• Verbally</li> <li>• Email/Text</li> <li>• Mum/Dad</li> <li>• Other Contact</li> </ul>	<ul style="list-style-type: none"> <li>• Phone</li> <li>• Verbally</li> <li>• Email/Text</li> <li>• Mum/Dad</li> <li>• Staff/Partner</li> </ul>		Diagnosis  Required # Days / hours





## Attachment 7: Procedures for Safe Disposal of Discarded Needles and Syringes

Keep related equipment in an easily accessible location and clearly labelled

- Disposable gloves
- Long-handled tongs
- Disposable plastic bags
- ‘Sharps’ syringe disposal container, or rigid-walled, screw-top, puncture-resistant container available for free from local council, who may also provide free training to staff on the collection of sharps
- Detergent/bleach

### Procedures

- Put on disposable gloves.
- Do not try to re-cap the needle or to break the needle from the syringe.
- Place the ‘sharps’ syringe disposal container on the ground next to the needle/syringe and open the lid.
- Using tongs, pick the syringe up from the middle, keeping the sharp end away from you at all times.
- Place the syringe, needle point down, in the ‘sharps’ syringe disposal container and close the lid securely on the container.
- Repeat steps 3 to 5 to pick up all syringes and/or unattached needles.
- Remove and place gloves in a disposable plastic bag, seal and place it in a rubbish bin inaccessible to children.
- Clean the area with warm water and detergent/bleach, then rinse and dry.
- Wash hands in warm, soapy water and dry;
- Under no circumstances should work-experience students, family volunteers or children be asked or encouraged to pick up needles/syringes.
- If the needle/syringe is not accessible and cannot be collected, mark and supervise the area so that others are not at risk and contact the **Syringe Disposal Helpline on 1800 552 355**.

**Note:** “Sharps” syringe disposal containers and/or needles/syringes cannot be put in normal waste disposal bins. They must be put, along with biological contaminated waste, in an appropriate Biohazard container. The Helpline can also provide information on the location of the nearest needle exchange outlet or public disposal bin.



## GUIDE TO CALLING AN AMBULANCE

**Calling Triple Zero (000) for an ambulance in an emergency, often at a stressful time, can be challenging.**

**When calling Triple Zero (000) for an ambulance, it is helpful to be ready to answer the call taker's following questions.**

### **Is it an emergency?**

- People should only ever call Triple Zero (000) to request an ambulance if they have a medical emergency.

### **How to call**

- In the case of a medical emergency call Triple Zero (000) and ask for ambulance.
- Triple Zero (000) callers can help by providing information that is as accurate as possible because this is the best way we have of determining the most appropriate response.

### **When calling Triple Zero (000) for an ambulance, a Telstra call taker will ask you:**

- Do you require police, fire or ambulance?
- Which state are you calling from? (If you are calling from a mobile phone).

**Your call will then be connected to a Triple Zero operator from the Emergency Services Telecommunications Authority (ESTA) who will assist you.**

### **Be ready to answer these questions as best you can:**

- What is the exact location of the emergency? **Nearest Intersection is Bachelors Lane and Lennox Crossing, ACTON**
- What is the phone number you are calling from? **02 6249 8851**
- What is the problem? What exactly happened?
- How many people are hurt?
- How old is the person?
- Is the person conscious (awake)?
- Is the person breathing?

### **Stay on the phone unless told to hang up.**

- Follow the call taker's instructions while waiting for the ambulance.
- These instructions will help the patient and the ambulance paramedics.
- As soon as the location and type of emergency is confirmed, an ambulance will be dispatched by the dispatch team.
- The call taker will continue to ask more questions about the patient.
- The questions help the call-taker to prioritise the request for an ambulance promptly and determine whether the patient requires an alternative service or additional services such as the Mobile Intensive Care Ambulance (MICA) paramedic skills.