

Windermere® Family Day Care Procedure

4.07 FIRST AID REQUIREMENTS

Purpose Statement

Education and care services have a responsibility to protect the health and safety of all children and families engaged in care. It is a requirement that all educators are First Aid qualified and are able to respond to the immediate needs of an individual should he/she suffer an injury or become ill.

Scope

This policy applies to all salaried full time and part time staff (including casuals), educators, contractors, children and families.

Definitions

First Aid: the initial care of the ill or injured, where someone has had an accident or is suffering from a sudden illness and needs help until a qualified health care professional can intervene.

Policy Statement

THAT ALL EDUCATORS ARE FIRST AID QUALIFIED AND ABLE TO APPLY FIRST AID STRATEGIES WHEN AN INDIVIDUAL IS INJURED OR BECOMES ILL.

Procedures

Compliance Requirements

- 1. It is a requirement under the National Regulations (Reg 136) that each Family Day Care (FDC) educator engaged with the service:
 - holds a current approved first aid qualification
 - has undertaken current approved anaphylaxis management training
 - Has undertaken current approved emergency asthma management training.

Each family day care educator must hold all three qualifications.

- 2. The minimum qualification acceptable is HLTAID004 *Provide an emergency First Aid Response in an Education and Care Setting.*
- 3. Qualification certificates must be submitted to the Coordination Unit to finalise educator registration requirements.
- 4. Educators are required to source courses from the approved list provided by the Coordination Unit. Coordinators are available to support educators with this process. Annual First Aid qualification updates must be maintained to ensure ongoing registration.

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First Aid Kits

- 1. The family day care approved residence or venue must have secure storage for first aid equipment that is inaccessible to children and readily accessible to educators in an emergency.
- 2. First Aid kits must be clearly labelled and maintained in effective order. This means that the contents of a First aid kit are clean, sealed (where applicable), within expiration date and replenished monthly.
- 3. A portable First Aid kit must be available for excursions.
- 4. A portable First Aid kit must be placed in the glovebox of the car (where educators are transporting children).

Administering First Aid

- 1. First aid will generally be provided in response to an unpredictable illness or injury.
- 2. Educators will ensure that parents and guardians are informed about first aid provided to their children.
- 3. An ambulance will be called when the following instances (but not limited to) occur to a person or child at the education and care facility:
 - a. Unconsciousness or an altered conscious state
 - b. Experiencing difficulty breathing
 - c. Showing signs of shock
 - d. Experiencing severe bleeding, or vomiting blood or passing blood
 - e. Slurred speech
 - f. Injuries to the head, neck or back; and
 - g. Possible broken bones
- 4. Educators will ensure a resuscitation flow chart is displayed in a prominent position within the family day care approved residence (see *CPR flow chart* attached).
- 5. Educators will ensure a DRSABCD poster is displayed in a prominent position within the Family Day Care approved residence (see *DRSABCD poster* attached).
- 6. Upon administration of first aid, educators will complete an *incident*, *injury*, *trauma and illness record* and submit to the Coordination Unit as soon as practicable, but no later than close of business on the day of the injury or trauma, or the onset of illness (refer to *Incident Reporting* procedure for more information).

Children with Diagnosed Medical Conditions

1. Where a child has a diagnosed medical condition, a Medical Management Plan must be completed and displayed in an accessible location.

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Poisons Information Centre

1. The Poisons Information Centre telephone number **131126** must be displayed next to every telephone in the approved family day care residence or venue.

Relevant Standards/Legislation

- National Quality Framework for Early Childhood Education and Care Services including:
 - Education and Care Services National Law 2011
 - o Education and Care Services National Regulations 2011
- Occupational Health and Safety Act 2004

Related Policies & Links

- Incident Reporting procedure
- Excursions and Outings procedure
- Managing Medical conditions procedure
- · Incident, Injury, Trauma and Illness record

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CPR chart



Cardio Pulmonary Rescuscitation

D Check for danger	Check for danger eg electrical cords, petrol or other hazards
R Responsive	Check for signs of life If no signs of life: > Unconscious > Unresponsive > Not breathing normally > Not moving
SHOUT FOR HELP!	> Get someone to dial 000 immediately > Ask for AMBULANCE EMERGENCY
A Clear airway	> Place person on their back > Tilt head back (not for infants or injured) > Remove foreign matter from mouth (and nose of baby) > Place on side if there is a lot of foreign matter
B Check breathing	 > Look, listen and feel for breathing > If normal breathing is present leave or place patient on their side > If normal breathing is absent - Place patient on their back - Tilt head back (not for infants or injured) - Lift jaw and pinch nostrils - Give 2 breaths whilst watching rise and fall of chest
C Circulation	CHILDREN & ADULT: > Place hands over the centre of the chest (sternum). > Compress sternum one third the depth of the chest 30 times > Continue with 2 breaths to 30 compressions
	INFANT: > Position 2 fingers on lower half of the sternum > Depress sternum approximately one third the depth of the chest > Continue with 2 breaths to 30 compressions

CONTINUE CPR UNTIL PARAMEDICS ARRIVE OR SIGNS OF LIFE RETURN

This chart is not a substitute for attending a first aid course. LEARN CPR NOW!

This CPR chart is provided free of charge and must not be sold. The chart is available to download from the Ambulance website at: www.ambulance.nsw.gov.au.

For enquiries about this chart: Ambulance Service of NSW Locked Bag 105 Rozelle, NSW 2039 Tel: (02) 9320 7796

This chart conforms to the Australian Resuscitation Council's guidelines on effective CPR as at December 2008. For more information visit: www.resus.org.au

DRSABCD action plan

In an emergency call triple zero (000) for an ambulance





DANGER

Ensure the area is safe for yourself, others and the patient.



RESPONSE

Check for response—ask name—squeeze shoulders

No response

Send for help.



Response

- make comfortable
- check for injuries
- monitor response.





SEND for help

Call Triple Zero (000) for an ambulance or ask another person to make the call.



AIRWAY

Open mouth—if foreign material is present:

- place in the recovery position
- clear airway with fingers.

Open airway by tilting head with chin lift.







BREATHING

Check for breathing—look, listen and feel.

Not normal breathing

Start CPR.



- place in recovery position
- monitor breathing
- manage injuries
- treat for shock.





CPR

Start CPR-30 chest compressions: 2 breaths Continue CPR until help arrives or patient recovers.





DEFIBRILLATION

Apply defibrillator if available and follow voice prompts.





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