

Purpose

This procedure will provide guidelines for the administration of first aid at the Early Years Services.

The Early Years Services are committed to:

- Providing a safe and healthy environment for all children, educators, staff and others attending the service.
- Providing a clear set of guidelines in relation to the administration of first aid at the service.
- Ensuring that the service has the capacity to deliver current approved first aid, as required.

Scope

This procedure applies to the Approved Provider or Persons with Management or Control, Persons in Day to Day Charge, Nominated Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of the Early Years Services, including during offsite excursions and activities.

Definitions

Approved first aid qualification: The list of approved first aid qualifications and anaphylaxis management and emergency asthma management training published on the ACECQA website: www.acecqa.gov.au

Current first aid qualifications: is taken to be current if:

- cardiopulmonary resuscitation training that forms part of the approved first aid qualification was completed within the previous year
- first aid qualification was completed within the previous three years
- anaphylaxis management training was completed within the previous three years
- emergency asthma management was completed within the previous three years

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 provision of initial care in response to an illness or injury. It generally consists of a series of techniques to preserve life, protect a person (particularly if unconscious), prevent a condition worsening and promote recovery. First aid training should be delivered by approved first aid providers, and a list is published on the ACECQA website: www.acecqa.gov.au

First aid kit: *The Compliance Code: First aid in the workplace*, developed by WorkSafe Victoria, lists the minimum requirements for a first aid kit (*refer to Attachment 3*). *The Compliance Code: First aid in the workplace* is available at: www.worksafe.vic.gov.au.

Incident, Injury, Trauma and Illness Record: Contains details of any incident, injury, trauma or illness that occurs while the child is being educated and cared for by the service. Any incident, injury, trauma or illness must be recorded as soon as is practicable but not later than 24 hours after the occurrence.

Details required include the:

- Name and age of the child.
- Circumstances leading to the incident, injury, trauma or illness (including any symptoms).
- Time and date.
- Details of action taken by the service including any medication administered, first aid provided or medical personnel contacted.

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- Details of any witnesses
- Names of any person the service notified or attempted to notify, and the time and date of this.
- Signature of the person making the entry, and time and date of this.

These details need to be kept for the period of time specified in Regulation 183. A sample Incident, Injury, Trauma and Illness Record is available on the ACECQA website.

Medication record: Contains details for each child to whom medication is to be administered by the service. This includes the child's name, signed authorisation to administer medication and a record of the medication administered, including time, date, dosage, manner of administration, name and signature of person administering the medication and of the person checking the medication, if required (Regulation 92). A sample medication record is available on the ACECQA website.

Resuscitation flowchart: Outlines the six steps involved in resuscitation: danger, response, airways, breathing, compression and defibrillation. The Australian Resuscitation Council provides flowcharts for the resuscitation of adults and children free of charge at: <https://resus.org.au/guidelines/flowcharts-3/>

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Serious incident: A serious incident is defined in Regulation 12 as:

- The death of a child while being educated and cared for by the service
- Any incident involving an injury or trauma, the illness of a child that requires or ought to have required:
 - attention of a registered medical practitioner; or
 - attendance at a hospital

Examples include whooping cough, broken limb and anaphylaxis reaction.

- Any incident requiring attendance by emergency services.
- A circumstance where a child appears to be missing, is unaccounted for, has been removed from the service contrary to the Regulations, or has been locked in or out of the service premises.

The Approved Provider must notify the Regulatory Authority (DET) in writing within 24 hours of a serious incident occurring at the service (Regulation 176(2) (a)). The Notification of a Serious Incident Form (available on the ACECQA website) is to be completed and submitted online using the National Quality Agenda IT System (NQA ITS). Records are required to be retained for the periods specified in Regulation 183.

Accountability

	Approved provider Persons with management or control	Nominated supervisor and persons in day-to-day charge	ECT Educators All other staff	First Aid Officer	Parents Guardians	Contractor Volunteers Students
Ensuring that every reasonable precaution is taken to protect children, staff and others at the service from harm and hazards that are likely to cause injury <i>(National Law: Section 167)</i>	●	●	●			
Assessing the first aid requirements for the service	●	●		●		
Ensuring that the following qualified people are in attendance at all times at any place children are being educated and cared for by the service and immediately available in an emergency <i>(Regulation 136):</i> <ul style="list-style-type: none"> at least one staff member or one nominated supervisor of the service who holds a current: Approved first aid qualification Approved anaphylaxis management training Approved emergency asthma management training 	●	●	●			
Ensuring first aid requirements are met when transporting children as part of the education and care service, and must be met in each vehicle <i>(Regulation 136)</i>	●	●	●			

Ensuring that the prescribed educator-to-child ratios are met at all times (<i>refer to Supervision of Children Procedure</i>)	●	●	●			
Appointing a staff member or nominated supervisor to be the nominated first aid officer. This is a legislative requirement where there are 10 or more employees but is also considered best practice where there are fewer than 10 employees <i>Occupational Health and Safety Act 2004</i> .	●	●				
Advising Guardian/Nominee that a list of first aid and other health products used by the service is available for their information, and that first aid kits can be inspected on request	●	●	●	●		
Providing and maintaining an appropriate number of up-to-date, easily recognisable, readily accessible, suitably equipped first aid kits (<i>refer to Attachment 3</i>), with in-date products that meet Australian Standards (<i>refer to Definitions</i>). The appropriate number of kits will depend on the number of children in the service, the number of rooms and their proximity to each other, and distances from outdoor spaces to the nearest kit (<i>Regulation 89</i>)	●	●		●		
Ensuring procedures are developed for the regular monitoring of all first aid kits are suitably equipped (<i>Regulations 89</i>)	●	●		●		
Ensuring a risk assessment is conducted prior to an excursion to identify risks to health, safety, or wellbeing and specifying how these risks will be managed and minimised (<i>Regulations 100, 101, 102B, 102C</i>). Refer to <i>Excursions and Service Events Procedure and Road Safety and Safe Transport Procedure</i>	●	●	●			
Providing and maintaining a portable first aid kit that can be taken offsite for excursions and other activities (<i>Regulation 89</i>) (<i>refer to Attachment 3</i>)	●	●	●	●		

Ensuring that the Ambulance Victoria AV How to Call Card (<i>refer to Sources</i>) is displayed near all telephones or in a visible location.	●	●	●			
Ensuring that first aid training details, and renewal dates are recorded on each staff member's record (<i>Regulation 146, 147</i>)	●	●				
Ensuring safety signs showing the location of first aid kits are clearly displayed (<i>Regulation 89</i>) (<i>refer to Attachment 3</i>)	●	●		●		
Ensuring there is an induction process for all new staff, casual and relief staff, that includes providing information on the location of first aid kits and specific first aid requirements	●	●				
Ensuring that parents are notified within 24 hours if their child is involved in an incident, injury, trauma or illness at the service and recording details on the Incident, Injury, Trauma and Illness Record (<i>refer to Definitions</i>)	●	●	●			
Notifying DE within 24 hours of a serious incident (<i>refer to Definitions</i>) occurring at the service	●	●				
Ensuring that staff are offered support and debriefing following a serious incident requiring the administration of first aid (<i>refer to Incident, Injury, Trauma and Illness Procedure</i>)	●	●				
Ensuring a resuscitation flow chart (<i>refer to Definitions</i>) is displayed in a prominent position in the indoor and outdoor environments of the service (<i>refer to Attachment 1</i>)	●	●		●		
Keeping up to date with any changes in procedures for administration of first aid and ensuring that all educators are informed of these changes	●	●				
Implementing appropriate first aid procedures when necessary (<i>refer to Attachment 1 & 2</i>)		●	●	●		
Maintaining current approved first aid qualifications, and qualifications in anaphylaxis		●	●	●		

management and emergency asthma management, as required						
Practicing CPR and administration of an auto-injector at least annually (in accordance with other service policies)		●	●	●		
Ensuring that all children are adequately supervised (refer to the <i>Supervision of Children Procedure</i>) while providing first aid and comfort for a child involved in an incident or suffering trauma (refer to <i>Attachment 2</i>)	●	●	●			
Ensuring that the details of any incident requiring the administration of first aid are recorded on the Incident, Injury, Trauma and Illness Record (refer to <i>Definitions</i>) no later than 24 hours after the occurrence (refer to <i>Incident, Injury, Trauma and Illness Procedure</i>)	●	●	●			
Ensuring the parents/guardians reads and signs the Incident, Injury, Trauma and Illness Record		●	●			
Notifying the approved provider or nominated supervisor six months prior to the expiration of their first aid, asthma or anaphylaxis accredited training			●	●		
Ensuring all out of date first aid kit contents are disposed of safely. The safest way to dispose of unused/out of date medicines is through the Return Unwanted Medicines (RUM) scheme which is run by a government funded organisation called The National Return & Disposal of Unwanted Medicines Limited: https://returnmed.com.au/	●	●	●	●		
Providing the required information on the service's medication record (refer to <i>Definitions</i>) when child requires administration of medication (refer to <i>Administration of Medication Procedure</i>)					●	
Notifying the service of any medical conditions or specific medical treatment required for					●	

their child. Where necessary, in consultation with staff, develop appropriate medical management plans and risk minimisation plans (e.g. asthma, anaphylaxis). Providing any required medication. (refer to <i>Asthma Procedure and Anaphylaxis Procedure</i>)					
Providing written consent (via the enrolment record) for service staff to administer first aid and call an ambulance, if required				●	
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				●	

Procedure

Providing First Aid

1. Follow the DRSABCD (see below)
2. Complete an Incident, Injury, Trauma and Illness Form and contact the guardian or nominee
3. Notify any Regulatory Authorities within 24 hours (if applicable)

DRSABCD St John Action Plan



D	DANGER
	Ensure area is safe to you, others and the casualty
R	RESPONSE
	NO RESPONSE
	Send For Help
	Check for injuries, make comfortable, monitor
S	SEND
	Send for help: Call or ask someone to call Triple Zero (000) for an ambulance. If on your own place casualty in Recovery Position before making a call.
A	AIRWAYS
	Open Mouth:
	NO FOREIGN MATERIALS
	Leave on back
	FOREIGN MATERIALS
	Place in Recovery Position and clear airway
B	BREATHING
	Check for breathing: Look Listen and Feel
	NOT BREATHING NORMALLY
	Place on back, start CPR
	BREATHING NORMALLY
	Place in Recovery Position and monitor
C	CPR
	30 compressions to 2 breaths
D	DEFIBRILLATION
	Apply defibrillator and follow the prompts

First Aid kits should:

- not be locked.
- be appropriate for the number of employees and children and adequate for the immediate treatment of injuries at the service (refer to Note)
- be easy to access and if applicable, located where there is a risk of injury occurring, with no longer than a minute to reach, including time required to access secure areas
- be constructed of resistant material, be dustproof and of sufficient size to adequately store the required contents
- be capable of being sealed and preferably be fitted with a carrying handle as well as have internal compartments
- contain a list of the contents of the kit.
- be regularly checked using the First Aid Kit Checklist Guidelines to ensure the contents are as listed and have not deteriorated or expired (*refer to First Aid Kit Checklist Guidelines*).
- have a white cross on a green background with the words 'First Aid' prominently displayed on the outside.
- display emergency telephone numbers, the phone number and location of the service
- be checked regularly (at beginning of each term) to ensure they are fully stocked, no products have expired and the contents replenished as necessary
-
- First Aid kits must be taken on excursions and First Aid qualified ECTs or educators must be in attendance.

Evaluation

In order to assess whether the values and purposes of the procedure have been achieved, the approved provider will:

- regularly check staff files to ensure details of approved first aid qualifications have been recorded and are current
- monitor the implementation, compliance, complaints and incidents in relation to this procedure
- review the first aid procedures following an incident to determine their effectiveness
- regularly seek feedback from the nominated first aid officer and everyone affected by the procedure regarding its effectiveness
- keep the procedure up to date with current legislation, research, procedure and best practice
- consider the advice of relevant bodies or organisations such as Australian Red Cross and St John Ambulance when reviewing this procedure
- revise the procedure and procedures as part of the service's procedure review cycle, or as required
- notifying all stakeholders affected by this procedure at least 14 days before making any significant changes to this procedure or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2))

References

Sources

- Ambulance Victoria: www.ambulance.vic.gov.au
- Australian Children's Education and Care Quality Authority (ACECQA): www.acecqa.gov.au
- Australian Red Cross: www.redcross.org.au

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- St John Ambulance Australia (Vic): www.stjohnvic.com.au
- First aid in the workplace: www.worksafe.vic.gov.au

Related Procedures

- Administration of Medication
- Anaphylaxis and Allergic Reactions
- Asthma
- Child Safe Environment and Wellbeing
- Dealing with Infectious Diseases
- Dealing with Medical Conditions
- Diabetes
- Emergency and Evacuation
- Epilepsy and Seizures
- Excursions and Service Events
- Incident, Injury, Trauma and Illness
- Occupation Health and Safety
- Road Safety and Safe Transport
- Staffing

Forms & Records

- First Aid Kit Audit
- Incident, Injury, Trauma, Illness Record
- Incident Register

Background & Legislation

Background

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

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm. The *Education and Care Services National Regulations 2011* states that an approved provider must ensure that at least one educator with current approved first aid qualifications is in attendance and immediately available at all times that children are being educated and cared for by the service. Under the *Education and Care Services National Law Act 2010*, the *Australian Children's Education and Care Quality Authority* (ACECQA) are required to publish lists of approved first aid qualifications. These lists are available at: www.acecqa.gov.au. As a demonstration of duty of care and best practice ELAA recommends all educators have current approved first aid qualifications.

It is also a requirement that employers have appropriate first aid arrangements in place, including first aid training, first aid kits and first aid facilities, to meet their obligations under the *Occupational Health and Safety Act 2004*. WorkSafe Victoria has developed a *Compliance Code First aid in the workplace (refer to Sources)* that provides guidance on how these obligations can be met.

Legislation and Standards

Relevant legislation and standards include but are not limited to:

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Child Wellbeing and Safety Act 2005 (Vic) (Part 2: Principles for Children)

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011

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

Occupational Health and Safety Act 2004

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