

Lady Gowrie Community Kindergartens

FIRST AID ADMINISTRATION POLICY

CONSIDERATIONS:

NATIONAL STANDARD	2.1, 2.2, 4.1
NATIONAL LAW & REGULATIONS	Law Sections: 167, 169, 174 Regulations: 85 – 89, 92-94, 136, 161, 162, 168
OTHER	Medicines and Poisons Act 2019 Medicines and Poisons (Medicines) Regulations 2021 Work Health and Safety Act 2011 Work Health and Safety Regulations 2011

POLICY STATEMENT:

To ensure that at all times the program is provided children in care receive immediate and appropriate first aid treatment as required, by a staff member who is qualified in the administration of first aid, anaphylaxis management and emergency asthma management.

To ensure that at all times the program is provided there are sufficient first aid kits readily accessible to staff, to undertake administration of first aid to children as required, inclusive of excursions and daily bus runs, if applicable to the Service.

To ensure that first aid resources are available for employees and visitors, to administer first aid to themselves or by a staff member who is qualified in the administration of first aid, anaphylaxis management and emergency asthma management.

RELEVANT FORMS/MATERIAL:

- Lady Gowrie Qld Enrolment Form
- Lady Gowrie Community Kindergartens Cleaning and Sanitisation (Including pest and weed management) Policy
- Lady Gowrie Community Kindergartens Hand Hygiene and Infection Prevention Policy
- Lady Gowrie Community Kindergartens Incidents, Injury and Trauma Policy
- Lady Gowrie Qld Incident, Injury, Trauma and Illness Record
- Lady Gowrie Community Kindergartens Environmental Hazards and Critical Incident Policy
- Lady Gowrie Community Kindergartens Emergency Procedures and Evacuation Policy
- Lady Gowrie Qld Recommended Contents of First Aid Kits (Child/General Use and Staff/Visitor)
- Lady Gowrie Community Kindergartens Risk Assessment Potential Emergencies
- Lady Gowrie Community Kindergartens High Temperature Management Policy
- Kindergarten Staff Register / Staffing Information Tool
- Notification of a Serious Incident (ACECQA)
- Approved First Aid Qualifications (ACECQA)
- Approved Anaphylaxis Management Training (ACECQA)

- Approved Emergency Asthma Management Training (ACECQA)
- DRSABCD Action Plan Poster
- First Aid for Anaphylaxis Action Plan Poster
- First Aid for Asthma Poster
- First Aid for Diabetes Poster

SOURCES:

- ACECQA (www.cecqa.gov.au)
- Asthma Australia <https://asthma.org.au>
- Australasian Society of Clinical Immunology and Allergy (ASCI) www.allergy.org.au
- St John Ambulance Australia www.stjohn.org.au
- Queensland Government (2021), Queensland Health Fact Sheet Medicines and Poisons Act 2019 First Aid Providers
- Education and Care Services National Law (Queensland) Act
- Education and Care Services National Regulations
- Medicines and Poisons Act 2019
- Medicines and Poisons (Medicines) Regulations 2021
- Work Health and Safety Act 2011
- Work Health and Safety Regulations 2011
- Work Health and Safety Queensland First Aid In The Workplace Code of Practice (2021)
- ACECQA and Queensland Government, Department of Education Early Childhood Education and Care, The administration of first aid policy guidelines.

(Accessed 2024)

Reviewed: August 2024

Date to be reviewed: February 2026

IMPLEMENTATION	
STAFFING QUALIFICATIONS AND FAMILIES WHAT YOU SHOULD DO	Ensuring the safety of children and staff is paramount to the Kindergarten Service, therefore it is a requirement that all permanent teachers/educators hold current approved first aid qualifications, which includes training in anaphylaxis management and emergency asthma management. At all times the Service is in operation, at least one staff member holds the required first aid qualifications (including anaphylaxis and asthma management), should relief staff be in place. When booking training teacher/educators are to ensure that the training provides competency in the units for first aid, anaphylaxis management training and emergency asthma management training as outlined on the ACECQA website. In supporting best practice and currency of knowledge, it is recommended that where possible, training in emergency asthma management and anaphylaxis management is renewed annually. Undertaking this renewal more frequently than the legislative requirement of every three years, supports staff to review their practice and ask the trainer questions in relation to recent incidents or considerations with the current co-hort of children the staff member is working with. Emergency life support training and cardio-pulmonary resuscitation training (CPR) must be completed within the previous year to be taken as current. First Aid qualifications are renewed every three years. Information showing staff first aid, asthma, anaphylaxis and CPR expiry dates is shown on the Staff Register / Staffing Information Tool and certificates of the relevant qualifications held with this summary document. It is a regulatory requirement that parents/guardians provide authorisation for emergency medical attention whilst children are in care at the Kindergarten Service inclusive of first aid. This permission is sought on initial enrolment at the Service and kept on the child's file as part of the Enrolment Form.
FIRST AID KITS AND FIRST AID SIGNAGE WHAT YOU SHOULD DO	The Approved Provider of the Kindergarten Service must ensure that an appropriate number of first aid kits are kept having regard to the number of children at the Service. These kits must be suitably equipped, easily recognisable and readily accessible to adults. A list of all staff members holding a current first aid qualification should be displayed beside each first aid kit in the Service. This information is detailed below in Education and Care Services National Regulation (89). 89 First aid kits <i>(1) The approved provider of an education and care service must ensure that first aid kits are kept in accordance with this sub regulation, wherever the service is providing education and care to children—</i> <i>(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</i>

*(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.*

Those Services which undertake excursions or a daily bus run as part of the program will ensure that there is a suitable first aid kit taken during these times.

A first aid kit should be taken when leaving the Service during an emergency evacuation. This may be a small kit contained as part of the emergency evacuation bag/trolley or a larger portable kit which is easily accessible for collection during the evacuation such as an outdoor/playground kit.

Management of First Aid Kits

The Service will establish a system by which the contents of the first aid kits are checked and maintained at least quarterly , in addition to being restocked following a major incident, injury or trauma.

The Lady Gowrie Qld recommended contents of child/general use first aid kit does not include items such as safety pins, splinter probes, antiseptic solution and stingoos.

The above items are not recommended in the immediate first aid treatment of children in care due to the adverse reaction which may occur or in the case of splinters pushing the foreign body further into the wound.

Splinters or any other foreign body if not able to be removed with fingers are to be cleaned and covered as appropriate for removal by the family medical practitioner. In this instance the family is to be informed as soon as possible to enable them to make the decision when to seek treatment.

Wounds are cleaned with saline solution or water and covered as appropriate. Families are then able to make the decision to apply other products outside of care.

Where the Service identifies, that snakes are known to the Service community, the Service may choose to hold a further specialist first aid kit or additional resources in the general kit, to support the administration of first aid in the unlikely incident of a snake bite.

Staff and Visitor First Aid Management

As the Service is also a workplace for employees, visitors, volunteers and students additional first aid supplies such as those listed above need to be made available for use in a separate first aid kit stored in either the office or staff area and clearly marked that these items are not for use when treating children in care.

First Aid Signage and Information

First Aid Action Plans of DRSABCD are to be displayed at the Service.

Action Plan for Anaphylaxis (general) for use with adrenaline auto injector such as EpiPen®, and Anapen Poster is to be displayed at the Service.

Asthma First Aid Posters are to be displayed at the Service.

Emergency Phone numbers will be displayed next to each phone including poisons information **13 11 26**.

INCIDENT OR INJURY OCCURS WHAT YOU SHOULD DO	Refer to procedures outlined in the Incident, Injury and Trauma Policy, in regards to the immediate steps to undertake following an incident, injury or trauma. This includes following the Action Plan of DRSABCD: D Danger R Response S Send for Help A Airway B Breathing C CPR D Defibrillation (where device available) • Advise the Responsible Person of the incident/injury. • Reassure the child and administer first aid as per first aid training, as required for the specific incident or injury the child has been involved in / sustained. • Refer to procedures outlined in the Incident, Injury and Trauma Policy in regard to the immediate steps to undertake following an incident, injury or trauma including notifying parents/guardians and an Executive Committee Member as Approved Provider when required.
EXPOSURE TO BLOOD & BODILY FLUID WHAT YOU SHOULD DO	Appropriate hygiene practices and standard precautions including the use of personal protective equipment (PPE) e.g. gloves should be undertaken when providing first aid and cleaning any area and resources following the incident, injury or trauma. Use of disposable plastic aprons can be considered when appropriate. <u>Management of blood or body substance spills</u> Spills should be attended to as soon as possible – educator's direct children away from this area or move to another environment, if possible, until the spill can be attended to without compromising the safety and supervision of the group. Protective gloves should be worn. Absorbent material, such as paper towels should be used to absorb the bulk of the blood or body substance. These contaminated materials should then be disposed of in a leak-proof, sealed waste bag. The procedure of cleaning the area with detergent and disinfectant should then be undertaken as outlined in the Cleaning and Sanitisation (Including Pest and Weed Management) Policy.
STORAGE OF MEDICATION WHAT YOU SHOULD DO	All children's individual medication is to be stored in nominated areas which are inaccessible to children e.g., lockable medication boxes or cupboards not first aid kits. This ensures that correct administration of medication procedures is followed. Service children's paracetamol e.g. Panadol for the use in managing a high temperature (Refer to High Temperature Management Policy) should also be stored in nominated areas which are inaccessible to children. The Service should check manufactures information on the product packaging regarding storage as some products may say not to be refrigerated. In relation to adrenaline auto injectors prescribed to individual children, as part of the Risk Minimisation Plan the parent/guardian is able to discuss with the Nominated Supervisor the most suitable storage of this medication which is still inaccessible to

	children but readily accessible to staff in the event of an anaphylactic reaction. EpiPen®/ Anapen and EpiPen®Jr/Anapen should be stored in a cool dark space, an insulated cover may be used in addition to the carrier tube provided so that the auto injector is stored between 15^o C and 25^o C . EpiPen®/Anapen® and EpiPen®Jr/Anapen® should not be stored in refrigerators. Reliever puffers with dose counter. Asthma reliever medications now include a dose counter – a window and numbers on the device which indicates the number of single doses of medication remaining in the device. You should consider getting a replacement when the counter shows the number 020. When the counter reads 000 you must replace it. A reliever puffer with a dose counter needs to be cleaned regularly to keep it working effectively. That includes Ventolin/Asmol/Zempron – which are all brands available over the counter. The Asthma Australia cleaning your puffer device information is recommended to be followed. It is recommended that Asthma Spacers are not stored in plastic bags as this may reduce the delivery of the medication.
EMERGENCY ASTHMA & ANAPHYLAXIS MANAGEMENT WHAT YOU SHOULD DO	At the discretion of the Kindergarten Service Executive Committee/ Approved Provider, the Service is able to hold a Service emergency salbutamol inhaler and spacer for the management of emergency asthma. At the discretion of the Kindergarten Service Executive Committee/Approved Provider, the Service is able to hold a Service emergency adrenaline auto injector (e.g. EpiPen®Jr) for the management of emergency anaphylaxis. Where a Service does hold emergency medication for asthma and anaphylaxis, all staff including relief staff should be aware of where this is stored at the Service. Families are able to provide this authorisation through completion of the permission section on the Enrolment Form. A summary list of the children who are authorised to be administered this emergency medication and those who are not authorised is to be kept in an easily accessible place for staff reference in an emergency situation while confidentiality of this information is also retained. Where a parent/guardian has not given permission to administer emergency medication the service staff are to discuss with the family that in the instance of a first aid emergency, emergency services will be contacted by calling 000, the call taker will be advised the parent/guardian has not provided permission for the administration of the service emergency medication and staff will follow advice of emergency services in supporting the child prior to emergency service staff arriving. This discussion should be documented on the child's enrolment form. 94 Exception to authorisation requirement— <i>anaphylaxis or asthma emergency</i> <i>(1) Despite regulation 93, medication may be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency.</i> <i>(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—</i>

	(a) a parent of the child; (b) emergency services. Where an Executive Committee/Approved Provider of the Kindergarten Service has made the decision not to hold the service emergency medications of a salbutamol inhaler and an adrenaline auto injector (e.g. EpiPen®Jnr) this must be clearly advised to all families. For staff reference in relation to individual children's medication, both EpiPen® and Anapen® are now available in Australia • EpiPen®Jr is prescribed for children 7.5-20kg. EpiPen® is prescribed for children over 20kg and adults. • Anapen® 150 (Jr) is prescribed for children 7.5 – 20 kg and Anapen® 300 is prescribed for children and adults over 20 kg. • Anapen® 500 is available for children and adults over 50 kg if prescribed by their medical practitioner. For Kindergarten Services the service emergency medication, if held will be EpiPen®Jnr. Staff are not required to know the weight of each individual child; staff are able to advise Emergency Services that the service emergency medication is the EpiPen®Jnr and if the child is of normal/slight/larger build for their age.
RESPONSE TO ANAPHYLAXIS/ASTHMA INCIDENT	
DIAGNOSED CHILD WHAT YOU SHOULD DO	Where a child is diagnosed with Asthma or Anaphylaxis their individual Management Plan/Action Plan is to be followed. As per Medical Conditions Policies, a diagnosed child must have their individual medication at the Service whenever they are in care.
ANAPHYLAXIS NON-DIAGNOSED CHILD WHAT YOU SHOULD DO EpiPen® or Anapen® Adrenalin Auto-injector is an intramuscular injection of adrenalin designed for lay use in the treatment of anaphylactic reactions.	Know the symptoms <i>Signs of Mild to Moderate Allergic Reaction</i> • Swelling of lips, face, eyes • Hives or welts • Tingling mouth • Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy). <i>Signs of Anaphylaxis (Severe Allergic Reaction)</i> • Difficulty/noisy breathing • Swelling of tongue • Swelling tightness in throat • Wheeze or persistent cough • Difficulty talking and/or hoarse voice • Persistent dizziness or collapse • Pale and floppy (young children)

	<i>Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis.</i> Reassure the child • Reassure the child and inform staff in the immediate area as they will be able to assist children in the group and access further staff to support the incident. • Inform the Responsible Person of the program immediately. • Gather the service medication and check the authorisation list for permission for the child. Steps to follow in an anaphylaxis emergency 1. Follow DRSABCD and call Ambulance 000 (notify them this is an anaphylaxis emergency). 2. If authorisation has been provided by parent/guardian, administer Service adrenalin injection (EpiPen®Jnr). Only staff who have completed and hold current first aid training in the emergency management of anaphylaxis are able to administer the medication. Note the time of administration of medication. 3. If authorisation not provided continue to follow DRSABCD and advice from Emergency Services (advise them that emergency service medication is available and information on enrolment documentation). 4. Continue to monitor the child's wellbeing and administer DRSABCD or instructions from Emergency Services as relevant to the situation. 5. Notify parents/emergency contact. 6. Complete an Incident, Injury, Trauma and Illness Record. 7. Notify an Executive Committee Member/Approved Provider of incident and any outcomes if not previously done. 8. Please note that the completion of all these tasks should be managed as efficiently and effectively as possible with the consideration of the child's wellbeing paramount at all times and ensuring the safety of the other children in the group. 9. Inform the relevant Regulatory Authority of the incident through your normal representation within 24 hours as per legislative requirements regarding Notification of Serious Incident. Inform the CGB of the Serious Incident including providing the completed IITI form and evidence of notification to the Regulatory Authority.
ASTHMA NON-DIAGNOSED CHILD WHAT YOU SHOULD DO	Know the symptoms <i>Signs of asthma in young children are:</i> ○ Dry, irritating, persistent cough that worsens with play. ○ Complaint of a sore tummy. ○ Tightness in the chest. ○ Shortness of breath, which often shows as tummy breathing (abdomen looks more swollen than usual). ○ A wheeze (whistling sound) that can sometimes be heard when the child is breathing out. These symptoms may vary from child to child and from time to time within the same child. Some children may have a number of symptoms, while some may only have a cough or a wheeze.

Reassure the child

- Reassure the child and sit in an upright position. If suitable remove him/her to a quiet area under the direct supervision of a suitably experienced member of the staff.
- Gather the service medication and check the authorisation list for permission for the child.
- Inform the Responsible Person of the program immediately.

Steps to follow in an asthma emergency

1. Follow DRSABCD and call Ambulance 000 (notify them this is an asthma emergency).
2. If **authorisation has been provided** by parent/guardian administer Service salbutamol Inhaler (e.g. Ventolin). Only staff who have completed and hold current first aid training in the emergency management of asthma are able to administer the medication as per asthma first aid below and note the time of administration of medication.

The administration of asthma medication in emergency first aid is undertaken by (refer to Asthma First Aid Poster and/or information below):

Dial triple zero (000) for an ambulance immediately, if the person:

- is not breathing
- suddenly becomes worse or is not improving
- is having an asthma attack and a reliever is not available
- is unsure if it is asthma
- has a known allergy to food, insects or medication and
- has SUDDEN BREATHING DIFFICULTY, GIVE ADRENALINE AUTOINJECTOR FIRST (if available)

Standard Asthma First Aid (Blue / Grey Reliever - Airomir, Asmol, Ventolin or Zempreon) is:

- Sit the person upright, be calm and reassuring, do not leave them alone.
- Give 4 separate puffs of blue/grey reliever puffer
- Shake puffer
- Put 1 puff into spacer
- Take 4 breaths from spacer
- Repeat until 4 puffs have been taken
- Remember, Shake, 1 puff, 4 breaths
- Wait 4 minutes – if breathing does not return to normal, give 4 more separate puffs of blue/grey reliever as above.
- If breathing does not return to normal, call emergency services, dial 000. Ask for an ambulance and this is an asthma attack.
- Keep giving 4 separate puffs, every 4 minutes, until emergency assistance arrives.

Where the individual person is prescribed Bricanyl as their reliever medication, in a first aid situation, follow the instructions on the Asthma Australia Asthma First Aid poster or if available, the individual person's Asthma Plan.

	3. If authorisation not provided continue to follow DRSABCD and advice from Emergency Services (advise them that emergency service medication is available and enrolment documentation). 4. Continue to monitor the child's wellbeing and administer DRSABCD or instructions from Emergency Services as relevant to the situation. 5. Notify parents/emergency contact. 6. Complete an Incident, Injury, Trauma and Illness Record. 7. Notify an Executive Committee Member/Approved Provider of the incident and any outcomes if not previously done. 8. Please note that the completion of all these tasks should be managed as efficiently and effectively as possible with the consideration of the child's wellbeing paramount at all times and ensuring the safety of the other children in the group. 9. Inform the relevant Regulatory Authority of the incident through your normal representation within 24 hours as per legislative requirements regarding Notification of Serious Incident. Inform the CGB, including providing the completed IITI form and evidence of notification to the Regulatory Authority.
AMBULANCE TRANSPORT WHAT YOU SHOULD DO	The Service Manager or primary carer are to accompany the child in an ambulance with the enrolment details. If the Service Manager/primary carer is unable to travel with the child to the hospital due to staffing requirements being met at the Service, including a Responsible Person being in place at the Service, documentation is to be handed to the emergency personnel and an Executive Committee Member/Approved Provider informed that the child is going to travel without staff. Please note that in instances of children being transported to hospital and inability to contact parent/guardian/emergency contact, the President (if not contactable then the CGB)/Approved Provider is to be notified immediately.
NEVER	AN INDIVIDUAL CHILD'S MEDICATION IS NEVER TO BE ADMINISTERED TO ANOTHER CHILD OR PERSON.
FOLLOWING THE EMERGENCY WHAT YOU SHOULD DO	As per Environmental Hazards and Critical Incidents Policy, debriefing of children and or staff may be discussed and arranged with the Executive Committee/Approved Provider as relevant to the incident. First Aider Welfare To support wellbeing, it is important that any staff involved in administering first aid, undertake a debriefing conversation. This is a conversation where they can share their perspective of the experience. It is not an analysis or review of the incident. This informal debrief can be undertaken with a colleague, Service Manager or someone external to the Service including friend or family member. Where the incident was complex and of a higher level of seriousness the Service Manager must check in with the staff members involved, including in the days and weeks following the incident. External support for the individual or service team can then be arranged if needed. Review of Service Procedures Following any serious incident which included first aid administration the Service Manager, Executive Committee/Approved Provider and staff will undertake a review of the incident and identify any actions to be implemented for future emergency situations.