

Implement this procedure alongside *Child Centre Incident Reporting Procedure –Branch/Affiliate, Administration of Medication Procedure and Exclusion Due to Illness Procedure.*

General Responsibilities

Centre Director/Nominated Supervisor or Responsible Person in Charge will:

- Display a green cross on all first aid kits.
- Maintain an adequately stocked first aid kit(s). Undertake regular audits against appendix 1 inventory list.
- Replace and dispose of products when used or beyond their expiry date.

Teachers and educators will:

- Maintain current approved first aid qualifications as per First Aid Procedure.
- Never permit students, volunteers and external contractors to administer first aid.
- Place first aid kit(s) in a location(s) that is inaccessible to children, but readily available to teachers and educators.
- Take an appropriately stocked first aid kit(s) on excursions.

Administering First Aid

Teachers and educators will:

1. Wash hands.
2. Assess injury. Consider known medical needs (if applicable).
3. Administer first aid. Wear disposable gloves if bodily fluids (such as blood, vomit) are visible.
4. Wash hands after first aid has been administered.
5. In the event of a medical emergency*:
 - **Immediately telephone 000**, ask for an ambulance and follow operator instructions.
 - Ensure active supervision of all children.
 - If required, move other children away from the injured child and comfort children who may be distressed.

***Examples of a medical emergency** include but not limited to: A seizure, compound fracture, significant blood loss, unconsciousness for any length of time, child has swallowed an unidentified or hazardous item, difficulty breathing, child with anaphylaxis exposed to an allergen or displays signs of an allergic reaction, child (not previously diagnosed with Asthma) experiencing a suspected acute asthma episode at centre.

When educator-to-child ratios (Reg. 123) can be maintained at the centre, an educator may accompany a child in an ambulance.

Head injuries

Teachers and educators will:

- Understand and recognise possible signs and symptoms of concussion, including:
 - Physical - headache, nausea, dizziness, fatigue, vision loss, poor balance, noise sensitivity, sleep disturbances
 - Emotions - anxiety, irritability, sadness
 - Cognition - foggy, confusion, memory loss
- Understand bump size and/or the presence of blood are not reliable indicators of concussion or a serious head injury.
- Closely monitor signs and symptoms of concussion whenever a child knocks or has injured their head and face; even those suspected as mild.
- **Immediately telephone 000**, ask for an ambulance and follow operator instructions when a child displays or experiences:
 - loss of consciousness for any length of time
 - seizure, convulsion or fit
 - confusion, memory loss, drowsiness or appears less responsive
 - vision loss or double vision
 - body weakness or numbness/tingling
 - neck pain or tenderness
 - vomits more than once
 - severe or increasing headache
 - restlessness, agitation, combative behaviour

Cuts and abrasions

Teachers and educators will:

1. Stop any bleeding by applying pressure with a clean cloth or bandage.
2. Clean wound by rinsing it with clean water/sterile saline solution. Pick out any dirt or debris with tweezers.
3. Dry wound by patting the surrounding skin with a clean pad or towel.
4. Cover wound (small wounds can be left uncovered) with a non-stick dressing; avoid tape on fragile skin. If wound is in an area that is difficult to dress (such as the scalp), keep area clean and dry.

Burns

Teachers and educators will:

1. If burn is severe i.e. more than 10% of child's body, **immediately telephone 000**, ask for an ambulance and follow operator instructions.
2. Hold burnt area under cool running water for at least 20mins.
3. Remove clothing and jewellery from burnt area, unless they are stuck to the burn.
4. Cover burn with a light, loose, nonstick dressing, dry, non-fluffy material.
5. Closely monitor child for shock. Treat if necessary.
6. Telephone and instruct parent/guardian to collect their child and seek medical treatment when burn appears to be deep and/or is more than the size of 20-cent coin.

Ticks

Teachers and educators will:

1. **NEVER** attempt to remove or disturb a tick.
2. Telephone and instruct parent/guardian to collect their child and seek medical assistance to safely remove tick.
3. Monitor child closely.
4. If child displays an adverse reaction, **immediately telephone 000**, ask for an ambulance and follow operator directions.

Splinters

Teachers and educators will:

1. **NEVER** attempt to remove or disturb a splinter.
2. If splinter is large and/or is causing discomfort, telephone and instruct parent/guardian to collect their child and if applicable, seek medical assistance to safely remove splinter.
3. Monitor child closely.
4. If child displays an adverse reaction, **immediately telephone 000**, ask for an ambulance and follow operator directions.

Snack bite

Teachers and educators will:

1. Keep child in resting positioning.
2. **Immediately telephone 000** for an ambulance and follow operator directions.
3. Do not wash venom off the skin or clothes.
4. If necessary, begin CPR.
5. If bitten on limb, apply a firm bandage to bite site. Work bandage upwards towards the heart; covering as much of the limb as possible. If possible, apply a splint to keep limb immobile.
6. Keep child still and reassured, until medical attention arrives.

Chemical/Medication Poisoning or Accidental Medication Overdose

1. Do not wait for symptoms to occur. **Immediately telephone Poisons Information Centre (13 11 26)** and follow their directions.
2. Do not make child vomit or give them anything to eat or drink.
3. Closely monitor child.
4. If child collapses, experiencing difficulties breathing or becomes unresponsive, **immediately telephone 000**, ask for an ambulance and follow operator directions.
5. Continue to monitor closely until medical attention is sought/ambulance arrives.

References and resources

- Safe Work Australia (2019). [First Aid in the Workplace Code of Practice](#)
- St Johns (2024). [First Aid Facts](#)

Appendix 1 - First Aid Kit Inventory

Print and display in first aid kits

The following inventory is a guide only. First aid contents must be responsive to known site hazards, past incidents, and site location/size. Additional items may be added in response to site needs or activities offered e.g. excursion or event.

Item	Expiry Date	OK ✓	Disposed of/ ordered* ✓
Assorted size adhesive strips			
Non-allergenic adhesive tape			
Single use eye pads			
Triangular bandage			
Crepe bandages			
Wound/combine dressings			
Disposable hand towels			
Non-adhesive dressings			
Safety pins to secure bandages and slings			
Stainless steel scissors and tweezers			
Kidney dish for holding dressings and instruments			
Small dressings' bowl			
Gauze squares for cleaning wounds			
Disposable nitrile gloves			
Sharps disposal container			
Sterile saline solution			
CPR protection mask			
Plastic bags			
Cold pack (disposable)			
Thermometer			
Therma/shock blanket			
Notepad and pencil			
Liquid Paracetamol			
Emergency medication:			
1-unit kindergarten	1 X EpiPen Jnr + 1 X Zempreon Inhaler		
Childcare centres, 2-unit & 3-unit kindergartens	2 X EpiPen Jnr + 2 X Zempreon Inhaler		
Outside School Hours Centre	2 X EpiPen Snr + 2 X Zempreon Inhaler		
Wound cleaning wipe, single 1% Cetrimide BP			
Single use/disposable splinter probes			
Audit completed by:			
Audit date:			

Additional considerations:

If there is a risk of insect or plant stings, snake bites, or the location is remote, evaluate whether first aid kit should include:

- A heavy-duty 10 cm crepe bandage for snake bites
- Sting relief cream, gel, or spray
- A whistle for attracting attention
- A torch/flashlight

*Inform Centre Director to order new product/item