

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.
- Complete incident reporting procedures.

Teachers and educators will:

- Maintain current approved first aid qualifications as per First Aid Training 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 and gloves have been removed.
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 - fogginess, 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.

Snake 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.

Choking

1. Act Immediately: If the child cannot breathe, cough, or speak, you need to intervene immediately and call emergency services.
2. Back Blows: Position the child facing down on your forearm, supporting their chest with your thigh. Use the heel of your other hand to deliver up to five firm back blows between the shoulder blades.
3. Abdominal Thrusts: If back blows do not dislodge the object, stand the child up on a flat surface. Stand behind the child, place your arms around their waist, and make a fist just above their belly button. Grasp your fist with your other hand and pull sharply inwards and upwards, giving up to five thrusts.
4. Repeat as Necessary: Alternate between back blows and abdominal thrusts until the object is dislodged, the child can breathe, or emergency help arrives. If the child becomes unresponsive, begin CPR immediately.

Do Not:

- × perform a finger sweep of the child's mouth unless you can see the object clearly, as this may push it further down the throat.
- × give food or drink to the child until the obstruction is cleared and they can breathe normally.
- × use LifeVac devices. The use of LifeVac devices is strictly prohibited, except in rare cases where a child has a complex medical condition that requires use of the device. Please refer to the Medical Conditions procedure for more information.

Privacy and confidentiality

All personal, sensitive, and health-related information associated with incidents is to be treated as strictly confidential. Discussions must be limited to what is necessary to ensure appropriate incident management, safety, and compliance with reporting obligations. Information may only be discussed, disclosed, or shared with:

- Authorised individuals within the centre who have a direct responsibility for responding to, managing, or reporting the incident.
- Parents/guardians or authorised emergency contacts of any individuals involved in the incident.
- Relevant external authorities where required, such as emergency services, regulatory bodies, or other agencies with a lawful role in the response.

No personal details or sensitive information about any individual involved is to be shared without their explicit consent, unless required by law. All records related to incidents must be stored securely and accessed only by authorised personnel.

C&K acknowledge that communication with centre staff and families may be required following an incident. Any communication must:

- Maintain the privacy and dignity of the individual involved
- Be factual, minimal, and non-identifying
- Share only what families need to know
- Reassure families about children's safety, wellbeing, and continuity of care

Sample Family Communication for adult incident (Non-Identifying)

Today, an adult at our centre needed medical assistance. Emergency services attended and provided support. Please be assured that all children were safe, well cared for, and reassured by our educators throughout. To respect the individual's privacy, no further details will be shared without their consent. Thank you for your understanding.

Sample Family Communication for child incident (Non-Identifying)

Today, one of the children at our centre needed medical assistance. The child's parents were immediately contacted and emergency services attended. Please be assured that all children were safe, well cared for, and reassured by our educators throughout. To respect the privacy of the child and their family, we are unable to share further details about the incident.

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 (adult use only)			
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