

Administration of First Aid

National Quality Standard

Area 2 - Children's Health and Safety	
Standard 2.1	Health
Element 2.1.2	Health practices and procedures: Effective illness and injury management and hygiene practices are promoted and implemented.
Standard 2.2	Safety
Element 2.2.2	Incident and emergency management: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

Children (Education and Care Services) National Regulations (2011 SI 653)

Reg. 85	Incident, injury, trauma and illness policies and procedures
Reg. 87	Incident, injury, trauma and illness record
Reg. 89	First aid kits

Links to The Child Safe Standards

Standard 5 - People working with children are suitable and supported	Educators are suitably qualified and continuously supported in maintaining their qualifications, including Childcare First Aid, Asthma Management, and Anaphylaxis Management training.
Standard 7 - Staff are equipped with the knowledge, skills and awareness to keep children safe through continual education and training	Educators participate in ongoing training to keep their skills up-to-date and that they are always equipped to provide the highest standard of care in emergency situations.
Standard 3 - Families and communities are informed and involved	Parents or guardians are informed of incidents and illnesses as soon as practical, rather than just receiving the incident report, to ensure open and transparent communication with families.

Related Policies

Dealing with infectious diseases
Dealing with Medical conditions in children and medical administration
Acceptance and refusal of authorisations
Incident, illness, accident and trauma
Sun Protection
Water Safety
Excursions

Policy Statement:

At Adventure OSHC, the safety and well-being of all children in our care is our top priority. We are committed to providing a safe and nurturing environment where children can learn and grow with the assurance that proper procedures are followed in case of accidents or injuries.

In the event that a child sustains an injury, our trained and qualified staff will promptly administer first aid as required. First aid will be provided according to the severity of the injury, and if necessary, emergency medical services will be contacted immediately.

Purpose:

To ensure all children in our care are in the safest of hands when it comes to first aid and medical treatment.

Scope:

This Policy applies to children, families, Educators and staff, and management.

Implementation:

In line with the **Child Safe Standards** and the requirements set out by the **NSW Education and Care Services National Law and Regulations**, Adventure OSHC is committed to ensuring that all staff are well-prepared to respond to health emergencies by being suitably qualified

in emergency first aid management. First aid equipment will be readily available to all children, Educators, and visitors both at the service and during excursions.

To ensure that all children are provided with the best possible care in the event of an emergency, all Educators will undergo comprehensive training in Childcare First Aid, Asthma Management, and Anaphylaxis Management. This training is conducted regularly to keep staff updated and fully capable of responding to a wide range of medical situations.

Documentation and Communication: All incidents resulting in injury or trauma will be documented in compliance with regulatory guidelines. The **Incident, Illness, and Trauma Form** will be used to record any injuries that occur at the service. This form will be stored in the service's **Playground system** and will include details on the nature of the injury, actions taken, and communication with parents or guardians.

Families will be notified of any incidents within **24 hours** via the **Xplor Home** platform. The parent or guardian will also be contacted directly by phone as soon as practical where this is deemed necessary, especially relating to any head injuries. All illnesses noticed during the child's time at the service will also be recorded in the same manner.

First Aid Kit and Supplies: First Aid kits will be clearly recognisable and easily accessible in all areas where children are being cared for. These kits will be stocked with the appropriate medical supplies and will be regularly checked for expiration dates and used items. If necessary, any items will be replaced within 7 days of use. Emergency contact numbers will be displayed prominently throughout the service and stored in the service's mobile phone.

Staff Training and Qualifications: Adventure OSHC will ensure that all team members hold, or are working towards obtaining, current First Aid certificates and are trained in Asthma and Anaphylaxis management. The service will also fund the ongoing renewal of these certifications to maintain compliance with the highest standards of care. The **Coordinator** will ensure that all staff have unobstructed access to First Aid kits and will monitor the contents of each kit on a **quarterly basis** at minimum.

CPR, anaphylaxis and asthma signage: Clear signage will be displayed throughout the service to ensure that all staff are aware of emergency procedures, in line with **NSW Health and Safety regulations**.

Post-Incident Care: After an injury or illness, the injured child will be given a safe, quiet space to rest and recover while awaiting further care or transportation to a medical facility. This is to ensure the child's well-being and to facilitate appropriate medical intervention if necessary.

Medication Administration: If medication is required, the **Administering Medication Procedure** will be followed in accordance with NSW regulations to ensure the safe administration of any required treatments.

Minor Incident Procedure

In the event of a minor injury or when there is concern that an injury may manifest later, the incident will be documented using the **Incident, Illness, and Trauma Form** via **Playground**. If First Aid is required, an Educator with a current First Aid certificate will administer care. The parent or guardian collecting the child will be informed verbally about the incident, and the signed form will be filed with the child’s enrolment documents.

Minor incidents fall into the categories below:

Scrapes and Cuts	<p>Description: A small graze or cut from playing or bumping into objects.</p> <p>First Aid: Clean the wound with water, apply antiseptic, and cover with a bandage if necessary.</p>
Bruises	<p>Description: A mild bruise from a minor bump or fall.</p> <p>First Aid: Apply a cold compress to reduce swelling or discomfort.</p>
Minor Bumps or Head Injury (without loss of consciousness)	<p>Description: A minor bump to the head, such as when a child trips or lightly hits their head.</p> <p>First Aid: Observe the child for any signs of a concussion (e.g., dizziness, vomiting, or unusual behavior). Apply a cold compress if swelling occurs. If the child seems okay, parents can be informed, and the situation should be monitored.</p>
Nosebleeds	<p>Description: A mild nosebleed from accidental bumps or dry air.</p> <p>First Aid: Have the child sit upright and gently pinch their nostrils together. Keep them calm and observe until the bleeding stops.</p>
Insect Stings or Bites	<p>Description: A minor sting or bite from an insect like a bee or mosquito.</p> <p>First Aid: Clean the area with water and apply a cold compress to reduce swelling. If necessary, apply a topical antihistamine or cream for itching.</p>
Minor Burns	<p>Description: A small burn, such as a mild scald from hot water</p>

	<p>or a superficial burn from touching a warm object.</p> <p>First Aid: Run cool water over the burn area for several minutes, then cover it with a clean, dry bandage. If necessary, consult with a parent for further care.</p>
Minor Sprains or Strains	<p>Description: A mild sprain or muscle strain from jumping or twisting awkwardly during play.</p> <p>First Aid: Apply ice to the injured area, rest the limb, and elevate it if necessary. The child should be monitored for any further discomfort.</p>
Small Foreign Objects (e.g., splinters, small pieces of food)	<p>Description: A small splinter or piece of debris lodged in the skin.</p> <p>First Aid: Clean the area with water and gently remove the foreign object using tweezers, then apply an antiseptic and bandage.</p>
Minor Allergic Reactions	<p>Description: A mild allergic reaction, such as slight swelling, rash, or hives after exposure to an allergen (e.g., food, plant, etc.).</p> <p>First Aid: Clean the affected area, apply cool compresses, and monitor for any signs of escalation. Parents should be informed, and further treatment may be needed if symptoms worsen.</p>
Mild Dehydration	<p>Description: Symptoms of dehydration such as dry mouth, thirst, or fatigue after physical activity.</p> <p>First Aid: Provide the child with water or fluids, allow them to rest, and monitor until they feel better.</p>

Serious Incident Procedure

In line with **Regulation 12** of the Education and Care Services National Regulations, a **serious medical incident** is one that:

- Causes serious injury or trauma to a child, which a reasonable person would consider required urgent medical attention from a registered medical practitioner; or for which the child attended, or ought reasonably to have attended, a hospital. For example, a broken limb.
- Involves the serious illness of a child for which the child attended, or ought reasonably to have attended, a hospital. For example, a severe asthma attack, seizure or anaphylaxis reaction.
- Emergency services attended.

For all serious medical incidents, immediate action is required to ensure the child’s safety. This includes administering first aid as needed, calling emergency services (e.g., an ambulance), informing parents, and providing appropriate care while awaiting medical assistance.

Serious incidents fall into the categories below:

Severe Head Injury or Concussion	<p>Description: A child experiences a significant blow to the head, such as from a fall, collision, or impact, resulting in symptoms like confusion, loss of consciousness, vomiting, dizziness, or inability to recall the event.</p> <p>Action: Immediate medical attention is required. An ambulance should be called, and the child should be monitored closely. Parents should be notified right away.</p>
Severe Allergic Reaction (Anaphylaxis)	<p>Description: A child has a severe allergic reaction to food, insect stings, or other allergens, which may cause symptoms like swelling of the face or throat, difficulty breathing, hives, dizziness, or fainting.</p> <p>Action: Anaphylaxis is a medical emergency. The child should be given their prescribed epinephrine (if available), and an ambulance should be called immediately. The child should be monitored closely for any further symptoms, and parents should be notified as soon as possible</p>
Severe Asthma Attack	<p>Description: A child experiences a severe asthma attack where they are unable to breathe properly, experiencing significant</p>

	<p>wheezing, shortness of breath, or chest tightness, and their usual inhaler is ineffective.</p> <p>Action: Administer the child's asthma medication (e.g., a reliever inhaler), and if there is no improvement, call an ambulance immediately. Notify the child's parents and closely monitor their breathing.</p>
Severe Bleeding	<p>Description: A child suffers a deep cut or injury, such as from a fall or sharp object, resulting in significant bleeding that cannot be stopped with basic first aid measures (e.g., applying pressure to the wound).</p> <p>Action: Apply direct pressure to the wound while keeping the child calm. Call an ambulance immediately if the bleeding is severe. Parents should be notified as soon as possible.</p>
Unconsciousness or Fainting	<p>Description: A child becomes unconscious or loses consciousness, whether due to a fall, medical condition, or other causes. This may be accompanied by a loss of pulse or abnormal breathing.</p> <p>Action: Immediate first aid should be administered (e.g., CPR if necessary). An ambulance should be called immediately, and the child should be monitored closely. Inform the child's parents promptly.</p>
Severe Burns or Scalds	<p>Description: A child sustains a significant burn, such as from hot water, fire, or chemicals, resulting in blisters, extensive redness, or open skin.</p> <p>Action: Cool the burn area with running cold water (if appropriate), cover it with a sterile, non-stick dressing, and call an ambulance. The child may need immediate medical attention. Notify parents as soon as possible.</p>
Severe Breathing Difficulties or Respiratory Distress	<p>Description: A child is struggling to breathe, showing signs of severe respiratory distress, such as flaring nostrils, wheezing, shallow or rapid breathing, or inability to speak or cry properly.</p> <p>Action: Immediate medical assistance is required. Call an ambulance and provide any prescribed medication (e.g., asthma inhaler). Ensure that the child is kept in a comfortable position while waiting for emergency responders.</p>
Severe Seizures	<p>Description: A child experiences a seizure, which could involve</p>

<p>(Convulsions)</p>	<p>loss of consciousness, shaking, muscle rigidity, or twitching. This could be caused by a medical condition such as epilepsy or a high fever.</p> <p>Action: Ensure the child is kept safe by preventing injury. Do not put anything in the child’s mouth. Call an ambulance immediately, as the seizure may need medical intervention. Monitor the child closely and notify the parents as soon as possible.</p>
<p>Choking or Airway Obstruction</p>	<p>Description: A child is choking and unable to breathe due to an object being lodged in their airway (e.g., food, toy, or small object).</p> <p>Action: Perform first aid for choking (e.g., back blows or abdominal thrusts depending on the child’s age), and if the child is unable to breathe or the object cannot be cleared, call for an ambulance immediately. Notify parents immediately.</p>
<p>Severe Diabetic Emergency (Hypoglycemia or Hyperglycemia)</p>	<p>Description: A child with diabetes experiences a severe drop in blood sugar (hypoglycemia) or high blood sugar (hyperglycemia), which can cause symptoms such as confusion, weakness, dizziness, sweating, or fainting.</p> <p>Action: For hypoglycemia, administer a fast-acting sugar source (e.g., juice, glucose gel), and for hyperglycemia, ensure the child receives their prescribed insulin. If the child’s condition does not improve, call an ambulance immediately. Notify the parents promptly.</p>
<p>Fractures or Dislocations</p>	<p>Description: A child suffers a broken bone or dislocated joint, typically due to a fall or impact.</p> <p>Action: Immobilize the injured area to prevent further damage, call an ambulance, and monitor the child for signs of shock. Inform the child’s parents immediately.</p>
<p>Heatstroke or Severe Dehydration</p>	<p>Description: A child shows signs of heatstroke (such as hot, dry skin, confusion, rapid pulse) or severe dehydration (e.g., dry mouth, extreme thirst, dizziness, or lethargy), often caused by prolonged exposure to heat or insufficient fluid intake.</p> <p>Action: Move the child to a cooler place, provide fluids (water or rehydration solutions), and seek emergency medical care if symptoms are severe or if the child does not improve.</p>

<p>Severe Vomiting or Diarrhea</p>	<p>Description: A child experiences severe or persistent vomiting or diarrhea, particularly when accompanied by signs of dehydration, high fever, or lethargy.</p> <p>Action: Seek medical attention if the child becomes dehydrated or the symptoms persist. Call an ambulance if the situation worsens, and notify the parents immediately.</p>
<p>Severe Pain or Abdominal Distress</p>	<p>Description: A child experiences severe abdominal pain, such as from a suspected internal injury, appendicitis, or another medical condition.</p> <p>Action: Call an ambulance to transport the child to the hospital for evaluation. Inform the parents of the situation.</p>

Serious Medical Incident - Medical Emergency Procedure

In the case of a medical emergency, the first Educator on the scene will immediately direct the children and other staff members to ensure safety. The following DRSABCD procedure will be followed:

1. **Danger:** Ensure the area is safe.
2. **Response:** Check for responsiveness.
3. **Send for Help:** Call emergency services if necessary.
4. **Airway:** Ensure the airway is clear.
5. **Breathing:** Check for breathing.
6. **Circulation:** Check for a pulse.
7. **Defibrillator:** Use if available.

Another Educator will phone for an ambulance during this process, and if **CPR** is needed (e.g., the child is unconscious, not breathing, and has no pulse), it will be performed by a qualified Educator until relieved by emergency services.

The **Responsible Person** will immediately notify the child’s family and provide all relevant information regarding the incident and treatment, including a detailed incident report. The

OSHC Area Manager or Approved Provider will also be informed so that the **Regulatory Authority** can be notified.

Procedure for Calling an Ambulance

If an ambulance is required, dial **000** and provide the following details:

- **Service Name and Address**
- **Nearest Cross Street**
- **Service Phone Number**
- **Name of Caller**
- **Child's Name**
- **Nature of Injury or Illness**
- **Whether the person is a child, adult, or baby**

If necessary, request an **Intensive Care Ambulance** for a child.

Important Reminders:

- Other staff will remove children from the immediate area to maintain safety and reduce distress.
- The Responsible Person will decide who accompanies the child to the hospital.
- The Educator accompanying the child will bring the child's **Enrolment Form**, relevant **Incident Reports**, and any necessary information regarding food or fluids consumed.
- **Educator-to-child ratios** will be maintained as much as possible during a medical emergency.
- The **Responsible Person** will directly inform the family about the situation, and an Educator must speak directly to the parents, not leave a message.

Sources:

- Education and Care Services National Regulations (2011 SI 653)
- National Quality Standards

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