OSH – First Aid Policy

RATIONALE
Children at PLPS OSHC programs who require first aid will have first aid administered in a timely and correct manner.

AIM
- To administer first aid to children when in need in a competent and timely manner.
- To communicate children’s health problems to parents when considered necessary.
- To provide supplies and facilities to cater for the administering of first aid.
- To maintain a sufficient number of staff members trained with a level 2 first aid certificate and CPR qualifications.

IMPLEMENTATION
These procedures apply to program staff.

- A first aid kit must be maintained by the coordinator in effective order on the premises in a position that is inaccessible to children, but readily accessible to staff.
- It is the responsibility of the OSHC coordinator to unlock/lock the door, leading to the OSHC kitchen pantry.
- The first aid kit is located in OSHC kitchen pantry on the marked First Aid shelf.
- First aid kits should contain the relevant type and quantity of supplies to suit the requirements of the program and should contain the following:
  - An up to date first aid book
  - A list of emergency numbers
  - A range of bandages (crepe, gauze and large triangular)
  - Cotton wool
  - Sunscreen
  - Sterile eye solution
  - Disposable plastic gloves
  - Medicine measure
  - Disposable cups
  - Scissors
  - Splinter tweezers
  - Teaspoon
  - Disposable hand towels
  - Torch
  - Gel packs kept in the refrigerator
  - Adhesive sanitary pads
  - Blanket
  - Germicidal soap
  - Safety pins
  - Small plastic bags
  - Chux or similar
- At least one staff member present shall be currently qualified in first aid Work Place Level 2.
- CPR recertification is recommended at least annually for individuals not performing resuscitation on a regular basis (Australian Resuscitation Council Guidelines 10.1 page 2.)
- The First Aid Register sheet will be completed including first aid that is administered.
- A note informing parents/guardians treatment required will be given to them on pick up of their child.
- Per PLPS school First Aid recommendations, all students will be encouraged to have personal accident insurance and ambulance cover.

Professional Learning
- Mandated professional learning will be provided on the topic of Anaphylaxis as per the Ministerial Order 90. These will occur twice a year.
Revision or introduction of recommended procedures for asthma, diabetes, blood spills and any other first aid related procedures will be communicated to staff throughout the year. This also may be determined by student needs or enrolments, DEECD directives or recommendations from medical organisations.

**First Aid Supervision**

- All injuries or illnesses that occur during OSHC programs will be referred to the OSHC coordinator who will manage the incident, injuries or illnesses.
- Minor injuries only will be treated by staff members on duty, while more serious injuries-including those requiring parents to be notified or suspected treatment by a doctor - require a level 2 first aid trained staff member to provide first aid.
- Any children with injuries involving blood must have the wound covered at all times.
- No medication including headache tablets will be administered to children without the written permission of parents or guardians.
- Parents of all children who receive first aid will receive a indicating the nature of the injury, any treatment given, and the name of the teacher providing the first aid. For more serious injuries/illnesses, the parents/guardians must be contacted by the OSHC coordinator so that professional treatment may be organised.
- Any injuries to a child’s head, face, neck or back must be reported to parents/guardian.
- Parents of ill children will be contacted to take the children home and must sign the child out.
- Injury or trauma to a child requiring the attention of a registered medical practitioner or admission to a hospital will be reported to DEECD notifying a serious incident by telephone within 24 hours, followed by written notification.

**Emergencies**

- All educators have the authority to call an ambulance immediately in an emergency. If the situation and time permit, an educator may confer with others before deciding on an appropriate course of action.

**Medical Conditions National Regulations**

- OSHC will follow all processes as set out by the National Regulations, in relation to Medical Conditions:
  1. The medical conditions policy of the education and care service must set out practices in relation to the following:
     a. the management of medical conditions, including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis;
     b. informing the nominated supervisor and staff members of, and volunteers at, the service of practices in relation to managing those medical conditions;
     c. the requirements arising if a child enrolled at the education and care service has a specific health care need, allergy or relevant medical condition, including:
        i. requiring a parent of the child to provide a medical management plan for the child; and
        ii. requiring the medical management plan to be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition; and
        iii. requiring the development of a risk-minimisation plan in consultation with the parents of a child:
          A. to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised; and
          B. if relevant, to ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented; and
          C. if relevant, to ensure that practices and procedures to ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented; and
          D. to ensure that practices and procedures ensuring that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication are developed and implemented; and
          E. if relevant, to ensure that practices and procedures ensuring that the child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition are developed and implemented; and
          iv. requiring the development of a communications plan to ensure that:
             A. relevant staff members and volunteers are informed about the medical conditions policy and the medical management plan and risk minimisation plan for the child; and
             B. a child's parent can communicate any changes to the medical management plan and risk minimisation plan for the child, setting out how that communication can occur.
  2. The medical conditions policy of the education and care service must set out practices in relation to self-administration of medication by children over preschool age if the service permits that self-administration.
(3) In subregulation (2), the practices must include any practices relating to recording in the medication record for a child of notifications from the child that medication has been self-administered.

REFERENCES
National Regulations:
ACECQA – Australian Children’s Education and Care Quality Authority

EVALUATION
Guidelines are updated per National Regulations and ACECQA recommendations. DEECD guidelines will be cross referenced when/where applicable/required.

CERTIFICATION
This policy was adopted at the School Council Meeting held at Patterson Lakes Primary School, October 2012.

Signed…………………………………………………... Signed…………………………………………………
School Council President Principal