



Australian Children's
Education & Care
Quality Authority

These guidelines are part of a series intended to assist in the development of your service's policies and procedures required under regulations 168 and 169. They set out the main components to be included in your policies and procedures, and considerations for each component.

They should guide how you develop your policies and procedures, and are not an exact format to be followed.

THE ADMINISTRATION OF FIRST AID

POLICY GUIDELINES

Under the *Education and Care Services National Regulations*, the approved provider must ensure that policies and procedures are in place for the administration of first aid (regulation 168) and take reasonable steps to ensure those policies and procedures are followed (regulation 170).

The approved provider of a centre-based service must ensure that at least one educator, staff member or nominated supervisor is in attendance and immediately available at all times children are being cared for by the service who:

- holds a current approved first aid qualification
- has undertaken current approved anaphylaxis management training
- has undertaken current approved emergency asthma management training.

For providers of family day care (FDC) services, each FDC educator and FDC educator assistant must hold the first aid qualification and have undertaken the above training (regulation 136).

The approved provider must also ensure there are an appropriate number of first aid kits for the number of children at the service. The kits must be suitably equipped, easily recognisable, and readily accessible to adults having regard to the design of the service premises. For FDC, each FDC educator must keep a first aid kit (regulation 89).

Your policy and procedures must address these requirements, as well as quality practices relating to the administration of first aid that align with the National Quality Standard.

Every service is different so it is not sufficient to apply generic policies and procedures to multiple services. You will need to contextualise your policies and procedures to your service's operations and its unique context.

1. Title

The administration of first aid policy

2. Policy statement

The policy statement will reflect your service's philosophy and approach to the administration of first aid.

For example:

We are committed to providing an environment that promotes children’s health, safety and wellbeing, which includes ensuring the implementation of clear policies and procedures for the administration of first aid.

3. Background

Your policy needs to include a statement of why this policy is in place.

For example:

The *Education and Care Services National Regulations* require approved providers to have policies and procedures in place in relation to the administration of first aid.

4. Legislative requirements

Your policy must be consistent with, and refer to, legislative requirements for the administration of first aid.

Examples include, but are not limited to:

Section/regulation	Description
Section 167	Offence relating to protection of children from harm and hazards
Regulation 85	Incident, injury, trauma and illness policies and procedures
Regulation 86	Notification to parent of incident, injury, trauma and illness
Regulation 87	Incident, injury, trauma and illness record
Regulation 88	Infectious diseases
Regulation 89	First aid kits
Regulation 90	Medical conditions policy
Regulation 92	Medication record
Regulation 93	Administration of medication
Regulation 94	Exception to authorisation requirement – anaphylaxis or asthma emergency
Regulation 101	Conduct of risk assessment for excursion
Regulation 102C	Conduct of risk assessment for transporting of children by the education and care service
Regulation 136	First aid qualifications
Regulation 137	Approval of qualifications
Regulation 161	Authorisations to be kept in enrolment record
Regulation 162	Health information to be kept in enrolment record
Regulation 168	Education and Care Services must have policies and procedures
Regulation 169	Additional policies and procedures – family day care service
Regulation 170	Policies and procedures to be followed
Regulation 171	Policies and procedures to be kept available
Regulation 172	Notification of change to policies or procedures
Regulation 176	Time to notify certain information to Regulatory Authority
Regulation 183	Storage of records and other documents

When writing your policy you will need to break down what is required under each regulation and how your service will meet these requirements. How these work in practice will be contained in your procedures.

As you reflect on your **The administration of first aid policy**, it might highlight the need to split its various areas into different policies and procedures that can be readily accessed by all educators and staff members to follow.

5. Principles to inform your policy

All decision-making should be carried out in accordance with the principles of your service's **The administration of first aid policy**. Examples of principles could include, but are not limited to:

- The health, safety and wellbeing of children is a paramount consideration for our service. Therefore, we will take every reasonable precaution to protect the children from harm and ensure that we are well equipped to administer first aid in the event of injury or illness.
- We ensure that educators and staff are able to undertake their roles effectively. In relation to the administration of first aid, they will receive regular training to ensure their qualifications are approved and up-to-date, as well as access to suitably equipped first aid kits.
- We ensure that there is at least one staff member with current first aid qualifications in attendance at all times that education and care is provided to children.
- Clear roles ensure that management, educators and staff are aware of their responsibilities in relation to the administration of first aid, notifications and reporting.
- We create opportunities for children to learn and develop. This includes incorporating health and safety into the educational program.

6. Key terms

To make it easier for your audience, provide definitions of key terms that may not be used every day. For example:

Term	Meaning	Source
ACECQA – Australian Children’s Education and Care Quality Authority	The independent national authority that works with all regulatory authorities to administer the National Quality Framework, including the provision of guidance, resources and services to support the sector to improve outcomes for children.	acecqa.gov.au
Approved anaphylaxis management training	Anaphylaxis management training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website: acecqa.gov.au/qualifications/nqf-approved	National Regulations (Regulation 136)
Approved emergency asthma management training	Emergency asthma management training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website: acecqa.gov.au/qualifications/nqf-approved	National Regulations (Regulation 136)
Approved first aid qualification	A qualification approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website with content such as: Emergency life support and cardio-pulmonary resuscitation; convulsions; poisoning; respiratory difficulties; management of severe bleeding; injury and basic wound care; and administration of an auto-immune adrenalin device.	National Regulations (Regulation 136)
Communications plan	A plan that outlines how relevant educators, staff members and volunteers are informed about the medical conditions policy and the medical management plan and risk minimisation plan for the child. It also sets out how families can communicate any changes to the medical management plan and risk minimisation plan for the child.	National Regulations (Regulation 90)
Current	The Safe Work Australia First Aid in the Workplace Code of Practice recommends that first aid qualifications should be renewed every three years. Both the Australian Resuscitation Council Guideline 10.1 and the Safe Work Australia First Aid in the Workplace Code of Practice recommend that all those trained in CPR should refresh their CPR skills at least annually.	Safe Work Australia First Aid in the Workplace Code of Practice Australian Resuscitation Council Guideline 10.1

Term	Meaning	Source
Emergency	An incident, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of a person at the service. For example, a flood, fire or a situation that requires the service premises to be locked down.	Guide to the NQF (Operational Requirements – Quality Area 7)
First aid	Is the immediate treatment or care given to a person suffering from an injury or illness until more advanced care is provided or the person recovers. First aid training should be delivered by approved first aid providers, and a list is published on the ACECQA website: acecqa.gov.au/qualifications/nqf-approved	safeworkaustralia.gov.au/system/files/documents/1705/mcop-first-aid-in-workplace-v1.pdf
Health information	Health information about each child must be kept in their enrolment record. This includes: <ul style="list-style-type: none"> the contact details of their registered medical practitioner their Medicare number (if available) their specific healthcare needs and allergies (including anaphylaxis) any medical management plan, anaphylaxis medical management plan or risk minimisation plan to be followed any dietary restrictions their immunisation status whether a child health record has been sighted. 	National Regulations (Regulation 162)
Medical management plan	Individual medical management plans can be provided by a child's family and may be required by the service before the child is enrolled. It is best practice for the family to consult with the child's medical practitioner in the development of the plan and for the practitioner's advice to be documented.	Guide to the NQF (Quality Area 2 – Children's health and safety)
Medication	Medicine within the meaning of the <i>Therapeutic Goods Act 1989</i> of the Commonwealth. Medicine includes prescription, over-the-counter and complementary medicines. All therapeutic goods in Australia are listed on the Australian Register of Therapeutic Goods, available on the Therapeutic Goods Administration website (tga.gov.au).	National Regulations (Definitions)
Medication Record	A record to be kept for each child to whom medication is to be administered by the service. Details to be recorded: <ul style="list-style-type: none"> the child's name the authorisation to administer medication the name of the medication the date and time the medication was last administered when the medication should be next administered the dosage to be administered the manner in which it is to be administered details once it is administered. 	National Regulations (Regulation 92)
Risk minimisation plan	A plan developed with a child's parents to ensure that: <ul style="list-style-type: none"> the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented (if relevant) 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 (if relevant) practices and procedures ensuring that all educators, 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 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 (if relevant). 	National Regulations (Regulation 90)

Term	Meaning	Source
Serious incident	<p>For the purposes of the definition of serious incident in section 5(1) of the Law, each of the following is prescribed as a serious incident:</p> <p>(a) the death of a child –</p> <p>(i) while that child is being educated and cared for by an education and care service; or</p> <p>(ii) following an incident occurring while that child was being educated and cared for by an education and care service;</p> <p>(b) any incident involving serious injury or trauma to a child occurring while that child is being educated and cared for by an education and care service –</p> <p>(i) which a reasonable person would consider required urgent medical attention from a registered medical practitioner; or</p> <p>(ii) for which the child attended, or ought reasonably to have attended, a hospital; Example: A broken limb.</p> <p>(c) any incident involving serious illness of a child occurring while that child is being educated and cared for by an education and care service for which the child attended, or ought reasonably to have attended, a hospital; Example: Severe asthma attack, seizure or anaphylaxis reaction.</p> <p>(d) any emergency for which emergency services attended;</p> <p>(e) any circumstance where a child being educated and cared for by an education and care service –</p> <p>(i) appears to be missing or cannot be accounted for; or</p> <p>(ii) appears to have been taken or removed from the education and care service premises in a manner that contravenes these Regulations; or</p> <p>(iii) is mistakenly locked in or locked out of the education and care service premises or any part of the premises.</p>	National Regulations (Regulation 12)
Suitably equipped first aid kit	Should be fully stocked, with no expired products, and should be checked regularly to ensure this. For example, a service might keep a checklist of the contents inside each first aid kit, and initial the list each time the contents are checked. Approved providers or FDC educators may seek guidance from a reputable organisation such as St John Ambulance on first aid kit contents.	Guide to the NQF (Operational Requirements – Quality Area 2)

7. Links to other policies

Refer to related policies and procedures, for example:

- Incident, injury, trauma and illness
- Providing a child safe environment
- Enrolment and orientation
- Emergency and evacuation
- Excursions
- Safe transportation of children
- Dealing with infectious diseases
- Dealing with medical conditions in children
- Sun protection
- Water safety
- Acceptance and refusal of authorisations

8. Induction and ongoing training

State information about induction training and frequency of ongoing training and information sharing to assist managers, co-ordinators, educators and other staff to fulfil their roles effectively.

9. Policy created/reviewed

Include the date the policy was created, reviewed or changes were made.

10. Monitoring, evaluation and review

State when the policy will be reviewed and who will be responsible for this.

11. Checklist

- Have you referenced the relevant regulations and are these reflected in the policy?
- Does the title provide a clear and concise statement identifying the intent of the policy?
- Have you checked the policy requirements and referenced related legislation that applies to your service type?
- Does your policy statement provide a framework for decision-making and ensure consistent practice?
- Does your policy statement reflect your service's philosophy?
- Is it clear why this policy exists?

PROCEDURES GUIDELINES

Under the *Education and Care Services National Regulations*, an approved provider must ensure policies and procedures are in place in relation to the administration of first aid. These guidelines are part of a series and are intended to assist in the development of your policies and procedures required under regulations 168 and 169. They are to guide you to develop your policies and procedures, and are not an exact format to be followed.

Your procedures should be written in clear and concise language, making them easy to read, understand and implement.

The steps and guidelines you document will not only guide your practice, but also inform regulatory authorities and families of educator and staff expectations and responsibilities at the service.

When thinking about your procedures for the administration of first aid, they also need to be practical and achievable. For example, if your procedures state that all educators will have current approved first aid qualifications, you need to make sure that steps are in place for this to occur.

1. Title

The administration of first aid procedures

2. Reference to policy and philosophy

Here you refer to your ***The administration of first aid policy*** as seen in your policy documents. You can reference where you will find the policy to help those looking for it.

Your procedures will also reflect your overall philosophy and evidence-based health and safety best practices.

3. Procedures

This is where you detail the way you will implement ***The administration of first aid policy***.

It is the 'How to' in your service and includes specific step-by-step procedures for administering first aid.

Some areas that will be outlined here will include:

- where the procedures will be kept
- when they were last reviewed
- templates and documents that might be required and/or used as a part of the procedures
- systems to monitor the implementation of the procedures.

You will also need to consider:

- supporting educators to maintain their current ACECQA-approved first aid qualifications. The Safe Work Australia First Aid in the Workplace Code of Practice recommends attending training on a regular basis to refresh first aid knowledge and skills, that refresher training in CPR should be undertaken annually, and first aid qualifications should be renewed every three years
- ensuring rosters are designed so that a first aid trained educator, staff member or nominated supervisor is in attendance at all times
- ensuring that the suitably equipped first aid kit is fully stocked, with no expired products, and that it is checked regularly. The Safe Work Australia First Aid in the Workplace Code of Practice provides helpful advice on determining appropriate items to keep in a first aid kit
- determining the number of first aid kits to be kept, considering the number of children in attendance, as well as the proximity of rooms to each other and the distances from outdoor spaces to the nearest first aid kit. For example, larger services may require a kit in each room or outside space, whereas one kit between two rooms might be appropriate in a smaller service with adjoining rooms or in a FDC residence

- determining the items that should be taken on an evacuation, excursion and during transportation – including a first aid kit – and that, in the case of excursions, educators or staff suitably qualified in first aid are available at both the service and on the excursion
- the placement and recognisability of the kits. The Guide to the National Quality Framework suggests using data gathered from your Incident, injury, trauma and illness record or seeking guidance from first aid training providers in this regard
- authorisations from families
- recordkeeping and notification requirements to families and the regulatory authority.

You will need to consider how other procedures interact with **The administration of first aid procedures**. These include procedures relating to medical conditions in children, administration of medication, incidents, injury, illness and trauma, emergency and evacuation, water safety, sun protection, health and hygiene and excursions.

As you reflect on your **The administration of first aid policy**, it might highlight the need to split its various areas into different procedures, which will be displayed or accessed by all educators and staff to follow in relation to their required actions.

4. Roles and responsibilities

This is where you will designate specific roles and responsibilities for the people who hold different positions within your service. This needs to align with the *Education and Care Services National Regulations* (see pp. 10–11 below).

It is important to note that it is the legal responsibility of approved providers to ensure systems are in place to minimise risk and ensure health and safety procedures are implemented by the responsible people in services including FDC environments (if applicable). Ultimate responsibility lies with the approved provider to ensure their service/s are meeting the requirements under the *Education and Care Services National Law*.

When developing this section consider:

- What are the roles and responsibilities of the approved provider, responsible person, nominated supervisor, co-ordinators, educators, other staff, volunteers, students and families in your service in relation to the administration of first aid?
- How will you clearly define these roles and expectations and where will it be documented?
- Why are clear and robust procedures for the administration of first aid important for children’s health, safety and wellbeing?
- How will you learn from the administration of these procedures to improve your practices?
- How will you ensure that the necessary tools are available so educators and other staff members can follow the procedures? How will they be made aware of the procedures?
- Do the roles and responsibilities reflect your service type?

An example of roles and responsibilities could include, but is not limited to:

Roles	Responsibilities
Approved provider	<ul style="list-style-type: none"> • ensure that obligations under the <i>Education and Care Services National Law</i> and <i>National Regulations</i> are met • take reasonable steps to ensure that the nominated supervisor, educators, staff and volunteers follow the policy and procedures • <i>Centre-based service</i>: <ul style="list-style-type: none"> • ensure at least one educator, staff member or nominated supervisor is in attendance and <u>immediately available</u> in an emergency who: <ul style="list-style-type: none"> • holds a current approved first aid qualification • has undertaken current approved anaphylaxis management training • has undertaken current approved emergency asthma management training • ensure an appropriate number of first aid kits are kept, having regard to the number of children at the service. The kits must be suitably equipped, easily recognisable, and readily accessible to adults having regard to the design of the service premises and any requirements for excursions and/or transportation of children, where applicable

Roles	Responsibilities
Approved provider (cont.)	<ul style="list-style-type: none"> • <i>Premises on school site:</i> <ul style="list-style-type: none"> • ensure at least one school staff member is in attendance and <u>immediately available</u> in an emergency who: <ul style="list-style-type: none"> • holds a current approved first aid qualification • has undertaken current approved anaphylaxis management training • has undertaken current approved emergency asthma management training • ensure an appropriate number of first aid kits are kept, having regard to the number of children at the service. The kits must be suitably equipped, easily recognisable, and readily accessible to adults having regard to the design of the service premises and any requirements for excursions and/or transportation of children, where applicable • <i>Family Day Care service:</i> <ul style="list-style-type: none"> • ensure each FDC educator and FDC educator assistant engaged or registered by the service: <ul style="list-style-type: none"> • holds a current approved first aid qualification • has undertaken current approved anaphylaxis management training • has undertaken current approved emergency asthma management training • ensure each FDC educator keeps a first aid kit that is suitably equipped, easily recognisable and readily accessible to adults, including any requirements for excursions and/or transportation of children, where applicable • ensure that information relating to the administration of first aid resulting from an incident, injury, trauma or illness is recorded in the Incident, injury, trauma and illness record. It should be recorded as soon as possible, and within 24 hours, after the incident, injury, trauma or illness • ensure that incidents, injury, trauma and illness events requiring first aid are notified to families as soon as practicable but not later than 24 hours after the occurrence. In the case of a serious incident, notification must also be given to the regulatory authority within 24 hours • take reasonable steps to ensure that nominated supervisors, educators, staff and volunteers follow <i>The administration of first aid policy and procedures</i> • ensure that copies of the policy and procedures are readily accessible to the nominated supervisor, co-ordinators, educators and staff, and available for inspection • notify families at least 14 days before changing the policy or procedures if the changes will: <ul style="list-style-type: none"> • affect the fees charged or the way they are collected or • significantly impact the service’s education and care of children or • significantly impact the family’s ability to utilise the service.
Nominated supervisor/ Responsible person	<ul style="list-style-type: none"> • implement <i>The administration of first aid policy and procedures</i> • ensure at least one educator or staff member holds current approved first aid qualifications and is in attendance at all times that children are being educated and cared for by the service, including on excursions and during periods of transportation • for FDC, ensure each FDC educator and FDC educator assistant holds a current approved first aid qualification • ensure an appropriate number of first aid kits are kept, having regard to the number of children at the service, and they are suitably equipped, easily recognisable and readily accessible to adults having regard to the design of the service premises • for FDC, ensure each FDC educator keeps a first aid kit that is suitably equipped, easily recognisable and readily accessible to adults • ensure an appropriate number of suitably equipped first aid kits are taken on excursions • monitor and maintain stock in first aid kits • support educators and staff to maintain their current first aid qualifications.
Educators	<ul style="list-style-type: none"> • implement <i>The administration of first aid policy and procedures</i> • maintain current approved first aid qualifications • seek further medical attention if required after first aid has been administered • record information as soon as possible, and within 24 hours after the incident, injury, trauma or illness, in the Incident, injury, trauma and illness record (including any first aid administered), and ensure families are appropriately notified • ensure an appropriate number of suitably equipped first aid kits are taken on excursions • monitor and maintain stock in first aid kits • be aware of children attending the service with allergies and their attendance days and apply this knowledge when providing first aid • while attending to a child requiring first aid, ensure other children are adequately supervised.

Roles	Responsibilities
Families	<ul style="list-style-type: none"> • provide authorisation in their child’s enrolment form for the approved provider, nominated supervisor or an educator to seek medical treatment for their child from a registered medical practitioner, hospital or ambulance service and, if required, for transportation by an ambulance service • be aware that medication may be administered to their child in the case of an anaphylaxis or asthma emergency without their authorisation • notify the service upon enrolment of any specific health care needs of their child, including any medical conditions and allergies and any medical management plans that need to be followed • ensure any medical management plans at the service are kept up-to-date • if needed, collect their child as soon as possible when notified of an incident, injury, trauma or illness that required first aid • be contactable, either directly or through emergency contacts listed on the enrolment form, in the event of an incident requiring the administration of first aid and/or medical attention • notify educators or staff if there has been a change in the condition of the child’s health, or of recent accidents or incidents that may impact the child’s care and require the administration of first aid.

The following table will assist you in developing procedures specific to your service’s needs and context. Referring to the *Education and Care Services National Regulations* when you are writing your procedures will assist you to ensure that you are meeting your obligations.

Areas to include in your procedures	Things to consider and outline in each area (this will be specific to the context of your service)	Strategies for monitoring and implementing procedures	Related policy and/or procedures
First aid qualifications Regs: 136, 170, 171 QA2: 2.1.2, 2.2.2 QA4: 4.1.1 QA7: 7.1.2, 7.1.3, 7.2.3	<ul style="list-style-type: none"> • How you will ensure the service has at least one educator or staff member with the appropriate first aid qualifications and anaphylaxis and asthma management training in attendance (including on excursions and when transporting children) and is immediately available in an emergency. For FDC services, that each FDC educator and FDC educator assistant has the appropriate ACECQA-approved first aid qualifications and anaphylaxis and asthma management training. • How you can support educators and staff to maintain their current ACECQA-approved first aid qualifications and anaphylaxis and asthma management training. 	<ul style="list-style-type: none"> • Regularly review educator and staff rosters to ensure first aid qualification requirements are being met. • Implement systems to identify when qualifications need to be updated or renewed. • Consider encouraging all educators and staff to undertake first aid qualifications, including through providing incentives to do so. • When rostering, ensure educators and staff with first aid qualifications are in attendance at both the premises and on excursions and transportation. • Make sure your policy and procedures are available for all to access. 	Providing a child safe environment Incident, injury, trauma and illness Dealing with medical conditions in children Dealing with infectious diseases Excursions Safe transportation of children

Areas to include in your procedures	Things to consider and outline in each area (this will be specific to the context of your service)	Strategies for monitoring and implementing procedures	Related policy and/or procedures
<p>First aid kits</p> <p>Regs: 89, 93, 94</p> <p>QA2: 2.1.2, 2.2.2</p> <p>QA4: 4.1.1</p> <p>QA7: 7.1.2, 7.1.3</p>	<ul style="list-style-type: none"> • The number of first aid kits to be kept, having regard to the number of children at the service. • How to make the kits suitably equipped, easily recognisable and readily accessible to adults having regard to the design of the service premises. • Any additional requirements for an outdoor first aid kit and a portable first aid kit for excursions, evacuations and transportation. • Who is responsible for ensuring first aid kits are suitably equipped, replenished and items are in date. • How you will dispose of out-of-date items. • What your procedures are for the administration of medication, including for medication without authorisation in case of an asthma or anaphylaxis emergency (e.g. EpiPens). 	<ul style="list-style-type: none"> • Clearly defined roles and responsibility statements which assign staff members to check the first aid kit. • Use data gathered from the Incident, injury, trauma and illness record to help determine kit placement. • Seek guidance from a reputable organisation on first aid kit contents and kit placement, e.g. St John Ambulance, Red Cross Australia, Safe Work Australia First Aid in the Workplace Code of Practice. • Create an equipment list for the kits which is stored with the kit and used to check that it is suitably equipped and items are in date. • Include first aid kits in excursion checklists. • Consider including a first aid kit as part of emergency evacuation bags. • Consider adding kits to vehicles used to transport children. 	<p>Providing a child safe environment</p> <p>Incident, injury, trauma and illness</p> <p>Dealing with medical conditions in children</p> <p>Dealing with infectious diseases</p> <p>Emergency and evacuation</p> <p>Excursions</p> <p>Safe transportation of children</p>
<p>Documenting and reporting</p> <p>Regs: 86, 87, 174, 176</p> <p>QA2: 2.1.2, 2.2.2</p> <p>QA6: 6.1</p> <p>QA7: 7.1.2, 7.1.3</p>	<ul style="list-style-type: none"> • How you will ensure that information relating to the administration of first aid resulting from an incident, injury, trauma or illness is recorded in the Incident, injury, trauma and illness record. • Other ways you can document incidents and administration of first aid. • How and when you will meet notification requirements, e.g. to parents, the regulatory authority. 	<ul style="list-style-type: none"> • Develop reporting templates as outlined in your policy. • Clearly defined roles and responsibility statements. • Clearly communicated requirements for all incidents requiring first aid. 	<p>Providing a child safe environment</p> <p>Enrolment and orientation</p> <p>Incident, injury, trauma and illness</p> <p>Dealing with medical conditions in children</p> <p>Governance and management</p>

5. Procedures created/reviewed

Include the date the procedures were created or reviewed.

6. Monitoring, evaluation and review

Your service, in consultation with educators and other key staff, families and other stakeholders, should review the effectiveness of these procedures within a set timeframe or earlier if there is a change in relevant legislation.

State when the procedures will be reviewed and who will be responsible for this.

7. Checklist

- Do ***The administration of first aid procedures*** align with your ***The administration of first aid policy***?
- Have your procedures been written in plain English and can they be easily implemented by an educator or staff new to your service?
- Is it clear who is responsible for the implementation of the procedures?
- Are all educators and staff aware of the procedures and can implement them if required?
- Do you need to develop any resources to monitor and record the procedures?

USEFUL RESOURCES

Include links to useful resources that have helped inform the development of your policy. Be mindful of any state or territory specific content.

Some examples include, but are not limited to:

- ACECQA – First aid qualifications and training
acecqa.gov.au/qualifications/requirements/first-aid-qualifications-training
- ACECQA – Guide to the National Quality Framework
acecqa.gov.au/nqf/about/guide
- ACECQA – Opening a new service
acecqa.gov.au/resources/opening-a-new-service
- ACECQA – Reviewing your service’s first aid, asthma and anaphylaxis qualifications
acecqa.gov.au/newsletters/acecqa-newsletter-issue-12-2014
- ASCIA – ASCIA action, first aid, management, travel and treatment plans and guides
allergy.org.au/hp/ascia-plans-action-and-treatment
- Safe Work Australia – Model Code of Practice: First aid in the workplace
safeworkaustralia.gov.au/doc/model-code-practice-first-aid-workplace