

# PELORUS COMMUNITY PRESCHOOL First Aid Cabinet – Procedures

Education [Early Childhood Services] Regulations 2008 (and it's Amendments): Regulation 45 and 46

Licensing Criteria for Early Childhood Education and Care Centres 2008: Criterion PF28, HS25, HS26

## **Rational:**

The Pelorus Community Preschool will provide an environment for children in which their health is promoted and they are kept safe from harm

- ➤ The First Aid Cabinets are stored in the bathroom and staff room+ ice packs etc in the kitchen fridge/freezer and will be inaccessible to children
- ➤ The First Aid Cabinets will be checked monthly and replenished as required. There will be an annual update to meet regulations.
- > All staff members will have access to them.
- An Accident Register will be maintained. All accidents to children and adults are to be recorded, along with treatment given. Parents are to be advised of any accident/incident involving their child and asked to sign the accident register.
- > Staff are to complete first aid courses and maintain first aid qualifications as required to meet regulations.

## **Licensing Criteria**

- > There is a first aid kit that:
  - o complies with the requirements of Appendix 1; and
  - o is easily recognisable and readily accessible to adults; and
  - o is inaccessible to children (PF28).

- There is an adult present at all times while children are attending who either:
  - o holds a current First Aid qualification meeting the training requirements outlined by the Department of Labour; or
  - o is a registered medical practitioner or nurse with a current practicing certificate; or
  - o is a qualified ambulance officer or paramedic.
- If a child is injured, any required first aid is administered or supervised by an adult meeting these qualification requirements (HS25).
- ➤ All practicable steps are taken to ensure that children do not come into contact with any person (adult or child) on the premises who is suffering from a disease or condition likely to be passed on to children and likely to have a detrimental effect on them.
- > Specifically:
  - o the action specified in Appendix 2 is taken for any person (adult or child) suffering from particular infectious diseases; and
  - o children who become unwell while attending the service are kept at a safe distance from other children (to minimise the spread of infection) and returned to the care of a parent or other person authorised to collect the child without delay (HS26).
  - The action specified in Appendix 3 *Guidelines for Children with Breaks* is taken for any child suffering from a suspected break or sprain.

Adopted: October 2009 **Review Date:** April 2011 **Reviewed:** May 2011 **Review Date:** May 2013 **Reviewed:** May 2013 **Review Date:** May 2015 **Reviewed:** May 2015 **Review Date:** May 2017

## **Appendix 3 Guidelines for Children with Breaks**

Child to be taken to staffroom if able when accident occurs, one teacher is to provide comfort/care for the child with a second teacher to help with the first aid and make the phone calls. (Senior teacher and possibly the childs' key teacher or first person at the scene).

#### First Aid Accident Plan

- Splint break if required to be soft using a sheet or clothing around arm then a magazine or card splint applied, followed with a triangle bandage put on if it is an arm follow normal first aid procedures.
- Senior Teacher to contact medical centre or ambulance if required, followed by a phone call to the parent with simple directions these are to be:
  - o What's happened to the child
  - Where the child will be ie. the centre, on the way to hospital....
  - o Details of the child's accident are written and with the child

If other teachers/adults are in the office at the time and parent coming in to centre, they are to replace staff on the floor allowing parents to only have one person to talk, while child still cared for.

A comprehensive accident form is to be filled out at the time and a copy to be given to the parent while a copy kept in child's file. This means parents do not have to remember accident details and an accurate picture can be given to the Doctor.

### Followup:

When a child returns teachers are to be informed of:

- Nature of break
- Length of healing time needed
- Any limitations that the child may require