

→ ★ first
aid

in education and
children's services

Partnerships for health care and education

2011



Government of South Australia

Department for Education and
Child Development

First aid in early childhood centres and schools: a resource to support provision of first aid in childcare and education settings.

Department of Education, Training and Employment, South Australia
First published 2001

Produced together as a single resource:

- Guidelines: First aid in education and children's services
- Flow Charts: to be used in accordance with DECS Basic Emergency Life Support (DECS BELS) first aid training

First Aid Flow Charts - 1st revision 2007, 2nd revision 2010, 3rd revision 2011

Produced by Department of Education and Children's Services
Designed by Kerry Waye and Onsite Imaging
Printed by Finsbury Green Printing, South Australia.

ISBN 0 7308 7682 9

Introduction

Provision of first aid is an essential service in all community settings. The capacity to provide prompt basic first aid is particularly important in education and other children's services where employees have a duty of care obligation to assist children who are injured or who become unwell.

First aid in education and children's services was first published in 2001 to supplement the DECS guidelines: *Health support planning in education and children's services* (reprinted DECS 2006). The resource assists education and children's services to implement their basic first aid training.

This updated edition of the resource contains the original first aid guidelines. The care plans and flow charts, previously published in print form, are now available via the *child health and education support services (chess)* website: www.chess.sa.edu.au. This website contains other useful information including details of the *chess Statement of collaborative intent 2005-2010*: the shared commitment by the education, childcare, health and disability sectors to work together to support child and student health, learning and wellbeing.

We commend this booklet and the *chess* resources to all education and other children's services workers to support safe, reasonable and consistent provision of first aid to the children and students in their care.



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Further Information

Individuals and services can seek advice about first aid from registered first aid training organisations.

For information about provision of first aid in education and childcare services see Information–Health support planning on the *chess* website: www.chess.sa.edu.au.

This icon indicates that the information can be accessed from the *chess* website:

www.chess.sa.edu.au



Acknowledgements

Australian Red Cross SA and St John Ambulance Australia SA Inc provided expert first aid advice for this resource.

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Disclaimer

This booklet is designed to support, but not replace, basic first aid training. It is not intended to be a substitute for medical advice or treatment. Medical advice should always be sought from the family doctor or specialist.

The information contained in this booklet was accurate and up to date at the time of publication. Readers are encouraged to refer to first aid courses and manuals of agencies that are accredited providers of first aid training.

Although all care has been taken, Australian Red Cross SA, St John Ambulance Australia SA Inc and the Department of Education and Children’s Services expressly disclaim all liability for any loss or damage arising from the information in this booklet.

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1

First aid

1.1 Definition

First aid support in education and childcare settings is the same as that provided to the wider community. It is provided in response to unpredictable illness or injury to:

- preserve life
- protect a person, particularly if the person is unconscious
- prevent a condition worsening
- promote recovery.

First aid incorporates basic life support. It comprises emergency procedures to:

- recognise and manage a clear and open airway
- restore breathing and/or circulation
- monitor well-being, using techniques as described by approved first aid training providers, until the person is transferred to the care of an ambulance officer, nurse or doctor.

This resource focuses on standards for the provision of first aid to children and students in education and childcare settings. It complements and supports health and safety requirements regarding provision of first aid for employees.

1.2 Obligations

Health, care and education legislation and policy collectively provide the framework to describe obligation in the provision of first aid to children and students in childcare and education services.

Duty of care

Care providers, teachers and support workers have a special and primary duty to the children and students in their care. This duty of care requires them to refrain from doing things that might lead to a child or student being injured. It also requires the worker to take positive steps towards maintaining health and safety. An employee could be found to be negligent if assistance was not provided to an ill or injured child or student.

The duty of care owed by education and childcare personnel is that of a 'reasonable professional' and will be governed by factors that include:

- the age of the child or student
- the child's or student's individual capabilities, including intellectual and physical impairment
- potential dangers
- the degree to which injury, or unwellness due to illness, is predictable.

Occupational health and safety

All employees must take reasonable care to protect their own health and safety and that of others on the worksite. In providing first aid to children and students they must therefore:

- become familiar with policies and procedures that guide work performance
- follow instructions related to health and safety
- accept responsibility for safe working conditions within their control. This includes the responsibility to notify their employer (where the worker is not self-employed) should their own health, including their infection status, pose risk to others
- safeguard the privacy of health information, using privacy principles
- use equipment provided for health and safety purposes
- assist with the maintenance of clean and safe equipment and premises
- apply standard precautions against transmission of infections
- perform tasks in line with training received.

Non-discriminatory practice

Commonwealth disability discrimination legislation, and state equal opportunity legislation, make it unlawful to discriminate against a person on the basis of medical impairment. In relation to first aid, this means that:



- a child or student should not be denied first aid assistance. This should be provided in line with the training of staff
- where a child or student has a known, predictable first aid need, planning should occur to ensure reasonable, fair and safe access to assistance when needed.

1.3 Roles and responsibilities


School principal or centre director

School principals and centre directors should ensure that workers and families understand and are supported to follow the worksite's first aid procedures.

In the effective provision of first aid, it is the responsibility of the principal or director to:

-  
 - actively seek from a medical practitioner, via the family, a *first aid action plan* for any child or student with a reported, individual first aid need
 - work with the family (or adult student) to complete a *health support plan* detailing how the child's or student's special first aid needs will be met by staff
 - ensure relevant staff are involved in health support planning
 - manage confidentiality
 - ensure staff training requirements are fulfilled
 - ensure delegated staff responsibilities reflect duty of care and job specifications
 - ensure that worksite procedures allow the provision of first aid to take priority over routine duties in emergency situations
 - ensure first aid record keeping, facilities and equipment standards are met
 - manage archives.

Section 2 details how these obligations can be met.

 Where there is more than one worker at the worksite, it is prudent for one member of staff to be delegated the task of coordinating first aid procedures, supervising the first aid facility and maintaining and securing the contents of the worksite's *first aid kit*. A relief staff member should be nominated in the event of the absence of the first aid coordinator. Other staff with first aid qualifications should be identified and available to assist the coordinator if required.

Parent, guardian or adult student

Parents and guardians are primarily responsible for the health and well-being of their children. Adult students not under a care order can take this responsibility themselves. It is the responsibility of parents, guardians and adult students to:

- make sure staff have up-to-date, relevant written recommendations from the doctor regarding any predictable, individual first aid need
- liaise with the doctor to ensure first aid plans reflect the scope and limits of staff training and can be managed within the education or childcare setting
- assist children for whom they are responsible to self-manage, as much as is safe and practical, their health and first aid needs.


Child or student

Wherever possible, children and students should be supported to take responsibility, in line with their age and stage of development and capabilities, for managing their own health and first aid needs in non-emergency situations.

Education and childcare workers can develop health support plans which assist children and students to learn to recognise any signs that they need to act to keep themselves safe. For example, children and students with a history of asthma can be supported to recognise and avoid triggers, and to take reliever medication, or seek adult assistance, at the early signs of an asthma attack.

Generally students of junior primary age and under will need supervision with medication and other first aid interventions. Older children can often self-manage simple and predictable first aid needs as negotiated with the staff, family and doctor. For example, young children can wash and cover a minor wound, take reliever asthma medication, or seek permission to use an ice pack for minor soft tissue injury.

The health support plan should identify how first aid support will be provided should an emergency arise and should the child or student not be able to self-manage their health care needs.

 *Worksite first aid records and logs* should record staff observations of child and student self-administration of first aid.

Education and childcare workers

A worker's first duty is to the children or students in his or her care. In the provision of first aid support, this means the worker:



- provides basic first aid
- is familiar with individual *health support plans* for children or students with individual first aid needs
- provides advice in the health support planning process so that time away from learning is minimised while not compromising standards of care
- develops learning programs which accommodate health support plans. For example, if children have frequent hospitalisation due to asthma or diabetes management, staff can work with families and health service providers to maintain continuity of curriculum as well as care
- plans and provides first aid in ways which enable children and students to learn and be part of the process
- reports to parents and guardians, as a matter of priority, any observations which could indicate health-related concerns
- delivers curriculum that supports safe and effective provision of individual and community first aid. This means, in part, that care should be taken when a child or student has a particular first aid need. Any curriculum dealing with that condition should be delivered in a one-step-removed and sensitive manner



Staff assisting teaching and childcare staff should:

- undertake basic first aid duties, including responsibility for first aid facilities, preparation of *accident reports* and dealing with matters involving simple hygiene
- support team approaches in individual health support plans
- assist with record keeping.

School or governing council members, management committee members and other adult volunteer workers

School or governing council members, management committee members and other adult volunteer workers can ensure they:

- are informed about, and support implementation of, safe, effective and consistent first aid procedures
- maintain confidentiality in situations in which parents, guardians or adult students have released health information to adults who are not employed as care providers or school staff. This can occur when volunteers have a supervisory role (for example, as a sports coach or a learning assistance program worker).

2 Planning for a predictable individual first aid need


Some children and students have a predictable first aid need. This is often associated with a diagnosed health condition for which standard first aid is adequate. For example, some children have a history of asthma or mild allergic reaction that can be managed via a standard, basic first aid response.


A few children and students will have a predictable first aid need that falls outside the scope of basic first aid training; for example, administration of rectal diazepam as part of seizure management. In these circumstances it is the responsibility of the worksite manager or home-based care provider to:

- request that the parent, guardian or adult student obtain a *health care plan* written by a medical practitioner
- use the information from the doctor to document, with the family or adult student, a *health support plan*.

Further information

www.chess.sa.edu.au

 A - Z Health Support index
for care plan proformas

 Training
to request or book a training program

*Is the first aid plan provided by the doctor **the safest and most relevant procedure** for a care and education setting?*

Sometimes a first aid plan developed for the family is not the most effective strategy for a care and education service. For example, after discussion about the training and safety implications of the setting, it might be negotiated to call an ambulance instead of undertaking a complex or invasive first aid response.

*Is the first aid procedure **as simple and easy as possible**, for the child or student and the staff?*

For example, it is much easier to manage medication for asthma via a puffer and spacer rather than a nebuliser; it allows independence and far less disruption to routine, so is generally preferable, so long as safety is not compromised.

*How can the first aid support be planned to **respect the child's or student's dignity, privacy, safety and learning**?*

For example, if a child or student has seizures and is sometimes incontinent, this should be anticipated and plans made to handle the situation in a way which maximises the child's or student's privacy, dignity and safety.

*How will the health support plan be **monitored and reviewed**?*

For example, what records will be kept and shared of first aid interventions? How will staff maintain necessary skill levels, especially if they are rarely required to enact a plan? How will the family and staff monitor their confidence to act as agreed via the health support plan?

Monitoring strategies can include arrangements to meet regularly (for example, every three or six months) to exchange written records of first aid interventions (for example, *seizure log* to be sent home weekly); or to meet after any first aid intervention (for example, administration of adrenalin for an anaphylactic event).



3

Critical incident management



Any first aid intervention should be recorded in the *first aid log*.

An *accident and injury report* must be completed, as required by the employer, when a child or student is hospitalised or other complications are anticipated.

A *critical incident report* must be completed, as required by the employer or licensing authority.

The worksite manager should develop *critical incident* or *crisis management plans* which:

- assess what might occur, what action might need to be taken and by whom. This would anticipate a serious first aid emergency involving an individual or a group (for example, a road crash involving a school bus). The plan would also address any reasonable predictable incident involving a child or student with a known risk (for example, planning for emergency building evacuation for a child or student who is not independently mobile)
- detail the roles and responsibilities of respective groups including children or students, staff, emergency services, other professionals and services, families, and the wider community
- cover prevention, incident management and follow-up.

Education and childcare services cannot be expected to prevent all first aid emergencies. Their role is to:

- create safe and supportive learning environments
- be alert to changes in child or student behaviour and inform the family where relevant; for example, an increase in the use of asthma reliever medication or an unusually high incidence of tripping or falling over
- develop a *health support plan* for any predictable and individualised first aid need
- seek medical assistance in an emergency.



4

Principles of first aid in education and childcare services

4.1 First aid—first response

Young children and students with communication difficulties are sometimes unable or unwilling to describe the onset of illness or the nature of injury and pain. This means that education and childcare workers need to be observant and actively enquire about the well-being of children and students as part of their standard first aid procedure.

Anyone can and should provide an initial, first aid response in the following manner:

Ensure the safety of yourself and others

- Be alert to dangers at the scene.

Call for help

Do not hesitate to call the Emergency Services if you believe that it is in the best interest of the casualty to do so.



CALL AMBULANCE

To call ambulance: Dial out, then 000 or mobile 112. Say what state you are calling from, the person's condition and their location.



INFORM EMERGENCY CONTACTS

Communicate

- Reassure the casualty and bystanders.
- Get information and provide necessary information to emergency personnel when they arrive.

Organise bystanders to:

- Call emergency services.
- Direct the ambulance to the scene.
- Help other bystanders.
- Bring first aid supplies and blankets.
- Protect the scene from unnecessary traffic and other dangers.

4.2 Deciding when to call for medical assistance


First aid is exactly what its name implies – a first level of assistance. Further medical assistance should be sought if the first aider determines it is needed. Seeking medical assistance can involve calling for an ambulance. In a less urgent circumstance, it can mean informing the child's or student's emergency contacts that the first aider's training indicates that advice from a medical practitioner is advisable.

Assessing the need for further assistance is sometimes difficult. The following information can be used:

History of the event

When casualties have been subjected to great violence, as in car crashes or falls from heights, it can be assumed that they are critically injured until proved otherwise. The same can be said regarding casualties who have been exposed to fire or explosions, electrical injury, chemical injury or where poisoning is suspected. In all of these cases, it is reasonable to call for the help of ambulance personnel.

Medical history of the casualty

 When a child or student has a known medical condition, the service should have on site a *health support plan*. This should include guidelines about when the individual requires more than a standard first aid response.

Symptoms

If pain is severe and persistent, or if there is persistent shortness of breath at rest, which is unrelieved by the usual measures undertaken by the casualty, it is reasonable to call for ambulance assistance.

Signs

Generally, it is reasonable to call for help for any casualty who:

- has experienced unconsciousness or who has an altered conscious state
- is experiencing difficulty breathing
- is showing signs of shock
- is experiencing severe bleeding, or who is vomiting blood or passing blood
- has slurred speech
- has injuries to the head, neck or back
- could have broken bones.

4.3 Obligations to seek emergency assistance

A teacher, care provider or support worker should not hesitate to call an ambulance if he or she has any concerns about a child's or student's health and safety. Ambulance services encourage community members to put safety first. In South Australia there is generally no fee charged by the ambulance service where no treatment or transport is provided, and a reduced charge for treatment without transport.

The worksite manager or home-based care provider should have an explicit policy, agreed to by parents, guardians and adult students, regarding the calling of, and payment for, emergency medical services.

When a child is being transported by ambulance, a worker should remain with the child until the parent, guardian or emergency contact arrives. The worker can choose to stay with a student over the age of medical consent (16 years in South Australia) but must leave if requested by the student.

Workers should not transport a sick or injured student themselves. On rare occasions, the ambulance service communication centre might advise an education or childcare worker to transport a child or student to medical assistance (for example, an ambulance may not be available in a country location because of a major road crash). In an emergency of this nature, at least two adults should accompany the child or student so that the driver is not distracted and the child or student can be constantly supervised. Employer guidelines should be followed.

The service should not cancel the ambulance once it has been called unless the child or student recovers and the ambulance communication centre has been consulted.

The emergency contact person nominated for a child or student must be notified as soon as possible if emergency services have been contacted. Sometimes the emergency contact person will question whether an ambulance is warranted. The first aider must ensure he or she has acted in line with his or her training. If the training requires calling an ambulance, then the emergency contact person for the child or student can be advised to discuss the matter directly with the ambulance service.

If the person administering first aid decides that an ambulance is not needed, but it would be advisable for the child or student to see a doctor, then the child's or student's emergency contact person should be informed as soon as possible. Sometimes the first aider will assess that referral to a medical practitioner is advisable and the parent, guardian or emergency contact cannot be reached. If the first aider's assessment is that waiting for the parent, guardian or contact person to arrive could jeopardise safety, staff should arrange for an ambulance to transport the child or student to the nearest hospital casualty department (rather than to the local medical practitioner).

Despite the obligation of an employee to administer first aid where necessary, and contribute to planning for health support of a child or student, there is a possibility that common law action could be brought against a staff member and/or the employer. The injured party would have to prove that the employee in question acted in a negligent manner.

If the matter proceeds to trial, a court would take into account factors such as:

- the age of the child or student
- the child's or student's individual capabilities, including intellectual and physical impairment
- circumstances surrounding the incident
- the existence of a documented and agreed individual health support plan
- the extent of the initial injury or illness which required emergency care.

It would be necessary to establish whether the employee had any relevant training and the extent of that training. A person who has been trained is likely to provide more effective assistance to a sick or injured child or student than an untrained person. The advantages of training far outweigh the disadvantages, provided the individual does not attempt procedures beyond those for which training has been received.

If an employee can show that she or he acted in accordance with their duty of care and occupational health, safety and welfare obligations when assisting a child or student, a court would be hard-pressed to find negligence unless the treatment was so negligent that it actually worsened the child's or student's position.

4.4 Obligations to inform a parent, guardian or emergency contact person

Education and childcare workers have an obligation to ensure parents and guardians are informed about first aid provided to their children.

Older students can frequently take responsibility for informing parents and guardians about minor first aid such as minor cuts and soft tissue bruising. Some schools use a systems of diary stamps or notes to record that the students has received first aid assistance; parents and guardians can then seek further information. Parents and guardians should always be informed when there has been a head injury or staff members have provided first aid asthma medication.

Where children or students are known to have a potential first aid requirement (for example, for diabetes, seizures, asthma, and anaphylaxis), staff and families can negotiate the nature and timing of informing parents and guardians of first aid interventions. An ambulance must always be called if staff have any concerns about their capacity to provide adequate emergency assistance.

Further information

www.chess.sa.edu.au

- ★ A - Z Health Support index - health support planning
- ★ Resource Materials - for basic first aid guidelines and flow charts
- ★ A - Z Health Support index - First Aid - for information about first aid record keeping

5

Glossary

ABC

Stands for Airway, Breathing and Compression, the three check points for first aiders when monitoring a casualty while awaiting further assistance, recovery, or signs of the need for further action.

Anapen®

A device containing a prescribed, single, pre-measured dose of injectable adrenaline. This is used for some people as part of an individual first aid response as directed by the person's doctor.

DRSABCD

Danger, Response, Send, Airway, Breathing and Compression, Defibrillation - the steps of the first aid action plan for a first aider approaching an incident or situation involving a casualty.

Cardiopulmonary resuscitation (CPR)

The first aid technique for a casualty whose breathing and heart have stopped. It involves rescue breathing and external chest compressions.

Cold compress

Ice wrapped in cloth and applied to muscular skeletal injuries for a length of time. Hard re-freezable blocks can also be used if wrapped in cloth.

Cool compress

A cloth dipped in ice or cold water wrung out and applied to the injured area and repeated regularly. Soft gel packs stored in a fridge can also be used if wrapped in cloth.

EpiPen®

A device containing a prescribed, single, pre-measured dose of injectable adrenaline. This is used for some people as part of an individual first aid response as directed by the person's doctor.

External cardiac compression (ECC)

This is part of the cardiopulmonary resuscitation technique (see above). The chest wall is depressed to artificially circulate blood.

First aid

The immediate care given to a person who has become ill or has an injury. This care is an interim measure pending medical assistance or recovery.

Glossary cont...

Health care plan

A plan written by a person's health service provider and outlining routine and emergency care requirements within a community setting. In an education or childcare setting, a health care plan should be authorised by the relevant health professional and signed and released to staff by the parent, guardian or adult student. It should have a review date. The health care plan forms the basis on which education and childcare professionals plan health support for a child or student within their care (*for further information see A - Z Health Support Index on the chess website: www.chess.sa.edu.au*).

Health support plan

The plan written by education or childcare workers (or others) outlining the routine and emergency health support which workers will provide to a child or student in their care. It should be based on a health care plan (see above), have a review date, and be agreed to by all parties. The support described should reflect the training and role of the person providing the support and the setting in which it is to be provided.

Medical practitioner

A registered doctor.

Privacy principles

South Australian Department of Premier and Cabinet Circular 12 outlined ten principles which cover collection, storage, access and disclosure of personal data/information. These are reproduced in the DECS Administrative instructions and guidelines.

Resuscitation

(see rescue breathing and cardiopulmonary resuscitation on previous page)

Rescue Breathing

The first aid technique of blowing air into the lungs of a casualty who is not breathing

Signs

Observable indicators of a person's illness or injury.

Symptoms

Feelings or sensations described to the first-aider by the person who is ill or injured.

6

Support materials

The following materials are also available:

WORKSITE SAFETY CHECKLIST

WORKSITE FIRST AID RECORD KEEPING

First aid log

First aid attendance report for supervising teacher

Injury or illness home report

7 Web based materials

www.chess.sa.edu.au

Health



chess

child health and education support services



chess Training

Health training, including first aid, health support planning and worksite health information modules (WHIMS)



chess Research

Details of the research partnerships



chess A-Z Health Support Index

Information and forms for health support planning. Care plans, resources and support related to conditions and care needs



chess Education Services

Hospital (and other health) education services



chess Resource Materials

child health and education support services resources and forms

