

## POLICY AIM

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Sweetpeas has a duty of care to provide and protect the health and safety of children, educators, and visitors of its services. This policy aims to support educators to:

- Preserve life
- Ensure the environment is safe and other people are not in danger of becoming ill or injured
- Ensure that ill or injured persons are stabilised and comforted until medical assistance intervenes
- Relieve pain if possible
- Monitor ill or injured persons and promote recovery
- Provide immediate and effective first aid to children or adults
- Apply additional first aid if the condition does not improve

## RATIONALE

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First aid can save lives and prevent minor injuries or illnesses from becoming major. The ability to provide prompt basic first aid is particularly important in the context of an early childhood service where educators have a duty of care and obligation to assist children who are injured, become ill, or require support with administration of medication. Under the *Education and Care Services National Regulations* the approved provider must ensure policies and procedures are in place for the administration of first aid (Reg. 168) and take reasonable steps to ensure policies and procedures are followed.

## SCOPE - WHO IS AFFECTED BY THIS POLICY?

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- Management
- Educators / Staff
- Families
- Children
- Visitors / Volunteers
- Students

## NATIONAL QUALITY STANDARD

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### QUALITY AREA 2 (CHILDREN'S HEALTH AND SAFETY)

- Element 2.1.1 (Wellbeing and comfort) - *Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.*
- Element 2.1.2 (Health practices and procedures) - *Effective illness and injury management and hygiene practices are promoted and implemented.*
- Standard 2.2 (Safety) - *Each child is protected.*
- Element 2.2.1 (Supervision) - *At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.*
- Element 2.2.2 (Incident and emergency management) - *Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.*

## RELATED POLICIES & LEGISLATION

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### RELATED SWEETPEAS POLICIES:

- Administration of Medication Policy
- Child Safe Environment Policy
- Cleaning Procedures
- Determining Responsible Person Policy
- Emergency and Evacuation Policy & Procedure
- Enrolment and Orientation Policy
- Incident, Injury, Trauma and Illness Policy
- Incident Procedure
- Lockdown Policy & Procedure
- Medical Conditions Policy
- Safe Transportation of Children Policy
- Sun Safety Policy
- Supervision Policy
- Water Safety Policy
- Work Health and Safety Policy

### RELATED EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS:

- Regulation 12 Meaning of serious incident

- Regulation 85 Incident, injury, trauma and illness policies and procedures
- Regulation 86 Notification to parents 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 97 Emergency and evacuation procedures
- Regulation 101 Conduct a risk assessment for excursions
- Regulation 102C Conduct a 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 (2)(a)(iv) Education and care service must have policies and procedures
- Regulation 170 Policies and procedures to be followed
- Regulation 174 Prescribed information to be notified to Regulatory Authority
- Regulation 176 Time to notify certain information to Regulatory Authority
- Regulation 183 Storage of records and other documents

## TERMINOLOGY

- **Approved anaphylaxis management training** - Anaphylaxis management training [approved by ACECQA](#). (Regulation 136)
- **Approved emergency asthma management training** - Emergency asthma management training [approved by ACECQA](#). (Regulation 136)
- **Approved first aid qualification** - A qualification [approved by ACECQA](#) with content such as: Emergency life support and CPR; convulsions; poisoning; respiratory difficulties; management of severe bleeding; injury and basic wound care; and administration of an auto-immune adrenalin device. (Regulation 136)
- **Communications plan** - A plan that outlines how relevant stakeholders are informed about the medical conditions policy and the medical management plan and risk minimisation plan for a child. It also sets out how families can communicate any changes to the medical management plan and risk minimisation plan for the child. (Regulation 90)
- **Current** - To be considered current, the following qualifications are taken to be current if the qualification was attained or the training was undertaken within the previous three years:
  - Approved first aid qualifications (except for a qualification that relates to emergency life support and CPR which must be completed within the previous year)
  - Approved anaphylaxis management training
  - Approved emergency asthma management training (Regulation 136)
- **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). See Sweetpeas *Emergency and Evacuation Policy* for more information.
- **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](#). (Safe Work Australia)
- **Health information** - Health information about each child must be kept in their enrolment record. This includes:
  - 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. (Regulation 162)

- **Medical management plan** - Individual medical management plans (or action plans) can be provided by a child's family and may be required by the service before the child is enrolled (Guide to the NQF - Quality Area 2 - Children's health and safety). See Sweetpeas *Medical Conditions Policy* for more information.
- **Medical practitioner** - We often refer to medical practitioners as 'doctors'. They are responsible for:
  - diagnosing and treating physical and mental illnesses, disorders and injuries
  - recommending preventative action
  - referring patients to specialists, other health care workers, and social, welfare and support workers. (Source: *Department of Health and Aged Care*)
- **Medication** - Medicine within the meaning of the *Therapeutic Goods Act 1989* of the Commonwealth. Medicine includes prescription, over-the-counter and complementary medicines. (National Regulations - Definitions)
- **Medication Record** - A record to be kept for each child to whom medication is to be administered by the service. See the Sweetpeas *Administration of Medication* for details to be recorded. (Regulation 92)
- **Risk minimisation plan** - A plan developed with a child's parents to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised (Regulation 90). See Sweetpeas *Medical Conditions Policy* for further information.
- **Serious incident** - For the purposes of the definition of serious incident see section 5(1) of the *Law*, the *Definition of a Serious Incident* at the end of this policy or the Sweetpeas *Incident, Injury, Trauma & Illness Policy*.
- **Suitably equipped first aid kit** - Should be fully stocked, with no expired products, and should be checked regularly to ensure this. Approved providers 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)
- **WHS Officers** - the members of staff appointed as each Service's WHS Officer and WHS Deputy Officer. These staff members are responsible for the upkeep and auditing of health and safety processes in the Service.

## GLOSSARY OF ABBREVIATIONS

- **ACECQA** - Australian Children's Education and Care Quality Authority
- **AED** - Automatic External Defibrillators are used to revive someone from sudden cardiac arrest and can help save lives.
- **CPR** - Cardio-pulmonary Resuscitation - *A first aid technique that can be used if someone is not breathing properly or if their heart has stopped.*
- **WHS** - Work Health and Safety

## IMPLEMENTATION AND STRATEGIES

First aid is the emergency aid or treatment given to persons suffering illness or injury following an accident and prior to obtaining professional medical services if required. It includes emergency treatment, maintenance of records, dressing of minor injuries, recognition and reporting of health hazards, and participation in safety programs. Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm.

### RESPONSIBILITIES OF THE APPROVED PROVIDER/MANAGEMENT:

- Taking every reasonable precaution to protect children at the Service from harm and/or hazards that can cause injury.
  - Ensure each service has a Service risk assessment (including additional risk assessments for Child Safety, Sleep and Excursions).
- Ensuring that the following qualified people are in attendance at all times the service is providing education and care to children:
  - at least one staff member or one nominated supervisor who holds a current ACECQA approved first aid qualifications
  - at least one staff member or one nominated supervisor of the service who has undertaken current approved anaphylaxis management training

- at least one staff member or one nominated supervisor of the service who has undertaken current approved emergency asthma management training (one staff member may hold one or more of the three qualifications)
- Ensuring a risk assessment is conducted prior to an excursion or regular outing, to identify risks to health, safety, or wellbeing and specifying how these risks will be managed and minimised (NB: risk assessment for a regular outing or regular transportation is required at least annually) (Reg. 102B, 102D (4))
- Providing an appropriate number of up-to-date, fully equipped first aid kits that meet Australian Standards and ensuring they are maintained.
- Providing a transportable first aid kit that can be taken to excursions and other activities and ensuring it is maintained.
- Ensuring that first aid training details are recorded and kept up to date on each staff member's record and Staff Record Folder.
- Ensuring there is an induction process for all new staff, including support staff, that includes providing information on the location of first aid kits and specific first aid requirements and individual children's allergies and individual medical management plans.
- Ensuring that parents are notified when practicable or within 24 hours if their child is involved in an incident, injury, trauma or illness at the Service and that details are recorded on the Incident, Injury, Trauma and Illness Record.
- Ensuring the Regulatory Authorities are notified within 24 hours if a child is involved in a serious incident, injury, trauma or illness at the Service.
- Ensuring that staff members are offered support and debriefing subsequent to a serious incident requiring the administration of first aid.
- Keeping up to date with any changes in procedures for administration of first aid and ensuring that all educators are informed of these changes.
- Reviewing the service's first aid policy regularly.

## RESPONSIBILITIES OF THE NOMINATED SUPERVISOR/RESPONSIBLE PERSON:

- Maintain a current approved first aid qualification.
- Taking every reasonable precaution to protect children at the Service from harm and/or hazards that can cause injury.
- Appointing a nominated WHS Officer and WHS Deputy Officer.
- Support staff when dealing with a serious incident and/or trauma.
- Assist WHS Officers to maintain an appropriate number of up-to-date, fully equipped first aid kits that meet Australian standards.
- Assist WHS Officers to maintain a transportable first aid kit/s that can be taken to excursions and other activities.
- Assist WHS Officers to monitor the contents of all first aid kits and arrange replacement of stock, including when the use-by date has been reached.
- Dispose of out-of-date materials and supplies appropriately.
- Ensure safety signs showing the location of first aid kits are clearly displayed.
- Ensure that all educators approved first aid qualifications, anaphylaxis management training and emergency asthma management training are current and meet the requirements of the national act and national regulations and are approved by ACECQA.
- Ensuring that first aid training details are recorded and kept up to date on each staff member's record and Staff Record Folder.
- Ensuring there is an induction process for all new staff, including support staff, that includes providing information on the location of first aid kits and specific first aid requirements and individual children's allergies and individual medical management plans.
- Ensuring that parents are notified when practicable or within 24 hours if their child is involved in an incident, injury, trauma or illness at the Service and that details are recorded on the Incident, Injury, Trauma and Illness Record.
- Ensuring the Regulatory Authorities are notified within 24 hours if a child is involved in a serious incident, injury, trauma or illness at the Service.
- Ensuring a risk assessment is conducted prior to an excursion or regular outing, to identify risks to health, safety, or wellbeing and specifying how these risks will be managed and minimised (NB: risk assessment for a regular outing or regular transportation is required at least annually) (Reg. 102B, 102D (4)).

- Maintaining an appropriate number of up-to-date, fully equipped first aid kits that meet Australian Standards.
- Keep up to date with any changes in the procedures for the administration of first aid.
- Contact families immediately if a child has had a head injury whilst at the service.
- Ensure that appropriate documentation is being recorded by the Nominated Supervisor/ Responsible Person regarding incidents, injury, trauma, and illnesses and the administration of first aid. Documentation of the following must be recorded:
  - name and age of the child
  - circumstances leading to the incident, injury, trauma, or illness (including any symptoms)
  - time and date
  - details of action taken by the service including any medication administered, first aid provided or
  - medical personnel contacted
  - details of any witnesses
  - names of any person the service notified or attempted to notify, and the time and date of this
  - name of the person making the entry, and time and date of this.
- ensure families are notified of any event requiring first aid administration as soon as practicable but no later than 24 hours after the incident, injury or trauma requiring first aid.

## RESPONSIBILITIES OF THE WHS OFFICERS:

- Reviewing the service's injury register every three months to identify hazards in the environment.
- Ensuring a risk assessment is conducted prior to an excursion or regular outing, to identify risks to health, safety, or wellbeing and specifying how these risks will be managed and minimised (NB: risk assessment for a regular outing or regular transportation is required at least annually) (Reg. 102B, 102D (4))
- Maintaining an appropriate number of up-to-date, fully equipped first aid kits that meet Australian Standards.
- Maintain a transportable first aid kit/s that can be used for evacuations, taken to excursions and other activities.
- Monitor the contents of all first aid kits and arrange replacement of stock, including when the use-by date has been reached.
- Dispose of out-of-date materials and supplies appropriately.
- Ensure safety signs showing the location of first aid kits are clearly displayed.
- Ensuring a resuscitation flow chart is displayed in a prominent position in the indoor and outdoor environments of the Service.
- Checking that all incident forms have been signed by all relevant parties.

## RESPONSIBILITIES OF THE EDUCATORS:

- Implementing appropriate first aid procedures when necessary.
- Maintaining current approved first aid qualifications, and qualifications in CPR, anaphylaxis management and emergency asthma management, as required.
- Practicing CPR and administration of an auto-injection device at least annually (in accordance with other service policies). CPR should be done refreshed annually as part of the certification process.
- Ensuring that all children are adequately supervised while providing first aid and comfort is given to a child involved in an incident or suffering trauma.
- Ensuring that the details of any incident requiring the administration of first aid are recorded on the Incident Report.
- Notifying the Nominated Supervisor six months prior to the expiration of their first aid, asthma or anaphylaxis accredited training.
- Obtaining consent from a child to administer first aid when possible, in recognition of their rights.
- Ensuring that volunteers and trainees are not responsible for administering first aid. (Trainees may administer first aid once they have completed their first aid training and certification.)

## RESPONSIBILITIES OF THE FAMILIES:

- Providing the required information for the service's medication record.
- Sign Service records of accidents or injuries that have occurred, acknowledging they have been made aware of the incident and the first aid that treatment that was given to the child

- Providing the service with a medical management plan for their child if required
- Providing written consent (via the enrolment record) for:
  - service staff to administer first aid, if required.
  - the approved provider, nominated supervisor or educator to seek medical treatment for their child by a registered medical practitioner, hospital or ambulance service and if required, transport the child to hospital.
  - the child to leave the Service for the purposes of evacuation rehearsals (e.g. fire drills).
- Being contactable, either directly or through emergency contacts listed on the child's enrolment record, in the event of an incident requiring the administration of first aid.
- Paying for any costs associated with an ambulance call out, if required.

## FIRST AID PROCEDURE

### WHEN AN INCIDENT/INJURY OCCURS:

- An educator with current first aid qualifications will attend to the child and begin first aid.
- Staff will wear gloves whilst providing first aid to a child, wherever possible, to maintain hygiene.
- Staff are to practice hygiene procedures such as disposal of used materials after treatment, e.g. gloves, gauze, wipes, tissues etc. (see Sweetpeas *Cleaning Procedures*)
- Other educators are to redirect children away from the child requiring first aid/site of the incident and continue with the normal routine (where possible).
- Staff should wash hands after administering first aid (see *Handwashing Policy*)
- No medications/creams will be used on the child unless they are prescribed for that child (see *Administration of Medication Policy*), or they are a part of the first aid kit.
- Continue to monitor the child's condition. If the child's condition deteriorates, then the Nominated Supervisor or Responsible Person is to assess the situation, and if necessary, call the parents/carers or other emergency contacts nominated in the enrolment record (or delegate an educator to do so).

### WHEN IN DOUBT, CALL AN AMBULANCE (000)

#### *If an ambulance is required:*

- The Nominated Supervisor or Responsible Person may determine to call an ambulance, at which time the child's parents/carers should be contacted immediately (if possible).
- If the parents are not available and a child needs to go to hospital by ambulance, an educator is to go with them. In this case, staffing may need to be adjusted to maintain supervision and care of remaining children. A support staff member may be called to attend urgently to maintain staff/child ratios as per the *National Regulations*.
- Remaining staff are to continue to try to contact the child's parents/emergency contacts to inform them of the incident and their child's location.
- A copy of the child's Incident Report and enrolment record (if possible) is to be taken to the hospital by the staff member accompanying the child.
- If a child requires hospitalisation, the Nominated Supervisor or Responsible Person is to contact the regulatory authority, the NSW Early Childhood Education and Care Directorate, Department of Education and Communities on 9716 2100 within 24 hours.

#### *Location of closest AEDs*

Automatic External Defibrillators (AEDs) are used to revive someone from sudden cardiac arrest and can help save lives.

The following is a list of the closest AED locations for each Sweetpeas service according to the AED Register (<https://aed.nsw.gov.au/>):

#### Cranebrook

- **The Sanctuary Community Centre, Knot St, Cranebrook NSW 2749, Australia (5 MIN DRIVE)**
  - Open: 24 hours
  - AED Accessibility: Publicly accessible
  - Position of AED: On the wall in pool area
- *Cranebrook Village shops do not currently have their own AED, but they are sourcing one*

## Penrith

- **570 High St, Penrith NSW 2750, Australia (OTHER SIDE OF UNION LANE, 4 MIN WALK)**
  - Located: In the Riverlands Arcade
  - Open: 24 hours
  - AED Accessibility: Publicly accessible
  - Building floor: G
  - Position of AED: In the WHOS Hub (High St side of arcade)
- **Westfield: Penrith Plaza (585 High St, Penrith NSW 2750) x3**
  - Open: 9am - 5:30pm (Mon, Tues, Wed, Fri), 9am - 9pm (Thurs)
  - 1. Position of AED: On a column near Blooms Chemist
    - AED Accessibility: Publicly accessible
    - Building floor: Ground
  - 2. Position of AED: On a column near Coles
    - AED Accessibility: Publicly accessible
    - Building floor: Ground
  - 3. Position of AED: On a column near The Coffee Club
    - AED Accessibility: Publicly accessible
    - Building floor: Ground
- **Nepean Square: Corner Station and Woodriff Streets, Penrith NSW 2750**
  - Located: Food Court wall next to Telstra
  - Open: 9am - 5:30pm (Mon, Tues, Wed, Fri), 9am - 9pm (Thurs)
  - AED Accessibility: Publicly accessible
  - Building floor: Ground Level

## St Clair

- **32 Sargents Rd, Minchinbury NSW 2770, Australia (Near Roundabout) - (4 MIN DRIVE)**
  - Open: 6am - 4pm
  - AED Accessibility: Publicly accessible
  - Position of AED: Warehouse, right wall

## St Marys

- **251a Queen St, St Marys NSW 2760, Australia (4 MIN DRIVE)**
  - Open: 24 hours
  - AED Accessibility: Publicly accessible
  - Position of AED: Left side of the chest
- **25 Lonsdale St, St Marys NSW 2760, Australia (5 min drive)**
  - Open: 24 hours
  - AED Accessibility: Publicly accessible
  - Position of AED: Near garage door

## AFTER FIRST AID HAS BEEN ADMINISTERED:

- If first aid is administered to a child, an Incident Report is to be filled out on *HubHello* by the educator present at the time of the accident and the educator who treated the child.
  - If first aid is administered to a child for an illness, an *Illness Monitoring Form* should be completed.
- If first aid is administered to an adult (or non-enrolled child), a paper Incident Report form is to be filled out (as *HubHello* currently has no provision for incidents that occur to anyone other than enrolled children).
  - Note that incidents/injuries that occur to an adult and that fall under the definition of a “serious incident” should be reported to the Director/Nominated Supervisor ASAP, just as you would with an enrolled child.
- Information should be recorded as soon as possible in the *Service Incident and Injury Register* or *Illness Register*, and within 24 hours after the incident, injury, trauma or illness.
- Parent/Carers should be contacted and informed of an incident/injury if:
  - The injury occurred above the child’s shoulders;
  - The injury is more than a minor cut/scrape/graze/abrasion;
  - The injury is classed a serious incident;
  - Educators are concerned about the child’s health or wellbeing following the incident/injury.

- The parent is to sight and sign the form upon collection of their child. If contact is not possible on the day of the incident, the Nominated Supervisor or Responsible Person must contact parents by phone or in person as soon as possible the next day.
  - If the parent requests a physical copy of an Incident Report (or any other form), staff should ensure they receive it within 24 hours of the request.
  - Parents can access their child's incident reports at any time via the *HubHello* platform.

## STORAGE OF FIRST AID RECORDS:

- Any physical copies of forms are to be put in the child's file **after** the details are entered on the *Incident and Injury Register* so that staff can review the number and kinds of injuries and make decisions as to how to prevent them happening in the future.
  - Forms may be filed as soon as the incident has been listed on the register, however the WHS Officers may choose to file forms quarterly instead.
  - In this case, the forms should be stored with the *Incident and Injury Register* until the quarterly review has been completed.
- The *National Regulations* require that an incident, injury, trauma and illness record be kept, and that the record be accurate and remain confidentially stored until the child is 25 years old.

## DEFINITION OF SERIOUS INCIDENT

The *National Regulations* require the Approved Provider or Nominated Supervisor to notify Regulatory Authority within 24 hours of any serious incident at the Service through the NQA IT System.

It is the responsibility of **all Responsible Persons** to notify the Nominated Supervisor/Approved Provider of *any* serious incident as soon as possible.

According to the *National Law* (section 5) and the *National Regulations* (Regulation 12), each of the following is prescribed as a serious incident:

- (a) *the death of a child*—
  - (i) while that child is being educated and cared for by an education and care service; or
  - (ii) following an incident occurring while that child was being educated and cared for by an education and care service;
- (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—
  - (i) which a reasonable person would consider required **urgent medical attention** from a registered medical practitioner (i.e. a doctor); or
  - (ii) for which the child attended, or ought reasonably to have attended, a **hospital**; (E.g. A broken limb.)
- (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**; (E.g. Severe asthma attack, seizure or anaphylaxis reaction)
- (d) *any emergency for which emergency services attended*; (i.e. police, fire, ambulance)
- (e) any circumstance where a child being educated and cared for by an education and care service—
  - (i) appears to be **missing** or cannot be accounted for; or
  - (ii) appears to have been **taken or removed** from the education and care service premises in a manner that contravenes these Regulations; or
  - (iii) is mistakenly **locked in or locked out** of the education and care service premises or any part of the premises.

*A serious incident should be documented as soon as possible and within 24 hours of the incident, with any evidence attached.*

## RELATED SWEETPEAS DOCUMENTS

*All forms and templates are located in the Sweetpeas Company Files. The following documents are located in Current Forms and Templates/WHs + First Aid (unless otherwise specified).*

- Emergency Bag Labels
- First Aid Kit Stock List
- Illness Monitoring Form (Forms)
- Illness Register
- Incident and Injury Quarterly Review



- Incident and Injury Register
- Incident Report-adults (Forms)
- Indoor/Outdoor Safety Checklists
- Medical Plans & Medication Register
- Standard Products Agreement (Enrolment Package)
- Sweetpeas Service risk assessments (incl. for Sleep and Excursions)
- Who to call in an emergency?

## REFERENCES

- ACECQA. (2021). Policy and procedure guidelines- Administration of First Aid Policy Guidelines: [https://www.acecqa.gov.au/sites/default/files/2023-08/PolicyGuidelines\\_TheAdministrationOfFirstAid.pdf](https://www.acecqa.gov.au/sites/default/files/2023-08/PolicyGuidelines_TheAdministrationOfFirstAid.pdf)
- ACECQA. (2024). Approved qualifications: <http://acecqa.gov.au/qualifications/nqf-approved>
- Australian Government Department of Health and Aged Care - <https://www.health.gov.au/topics/doctors-and-specialists/about>
- Early Childhood Australia Code of Ethics. (2016).
- Education and Care Services National Law Act 2010. (Amended 2018).
- Education and Care Services National Regulations. (2011).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).
- Guide to the National Quality Framework. (2017). (Amended 2020).
- HubHello: <https://hubhello.com/>
- NSW AED Register - <https://aed.nsw.gov.au/>
- Revised National Quality Standard. (2018).
- Safe Work Australia First Aid in the Workplace Code of Practice: <https://www.safeworkaustralia.gov.au/law-and-regulation/codes-practice>
- St John Ambulance Australia: <https://stjohn.org.au/>
- Sweetpeas Philosophy

## REVIEW AND AMENDMENTS

This policy will be updated regularly to ensure compliance with all relevant legal requirements. Appropriate consultation of all stakeholders (including staff and families) will be conducted on a timely basis. In accordance with *Regulation 172* of the National Regulations, families of children enrolled will be notified at least 14 days and their input considered prior to any amendment of policies and procedures that have any impact on their children or family.

Version	Amendment(s)	Review Date	Updated By
1.	<ul style="list-style-type: none"> <li>• Policy reviewed for any changes required due to change of Management</li> </ul>	July 2017	Cassandra Way (Educator/Admin) Janine Evans (Director)
1.1.	<ul style="list-style-type: none"> <li>• Policy reviewed for changes needed due to the updated NQS</li> <li>• Linked standards updated</li> <li>• References checked</li> </ul>	July 2018	Cassandra Way (Educator/Admin) Janine Evans (Director)
1.2.	<ul style="list-style-type: none"> <li>• Policy reviewed, no changes necessary</li> </ul>	July 2019	Janine Evans (Director)
1.3.	<ul style="list-style-type: none"> <li>• Checked wording is relevant for new Penrith centre</li> </ul>	July 2020	Janine Evans (Director)
1.4.	<ul style="list-style-type: none"> <li>• Checked wording is relevant for new St Clair centre</li> </ul>	July 2021	Janine Evans (Director)

Version	Amendment(s)	Review Date	Updated By
1.5.	<ul style="list-style-type: none"> <li>Checked hotlinks, no changes necessary</li> </ul>	July 2022	Cassandra Way (Assistant Manager)  Janine Evans (Managing Director)
1.6.	<ul style="list-style-type: none"> <li>Checked wording is relevant for all Sweetpeas services.</li> <li>Checked hotlinks and references</li> </ul>	May 2023	Cassandra Way (Assistant Manager)
2.	<ul style="list-style-type: none"> <li>New version and cosmetic changes as policy is transferred to new template.</li> <li>Added new sections to match company policy template                             <ul style="list-style-type: none"> <li>Terminology</li> <li>Glossary of Abbreviations</li> <li>Related legislation</li> <li>Related Sweetpeas Documents</li> </ul> </li> <li>Policy reviewed with ACECQA policy guidelines</li> <li>Updated wording of policy <i>Aim</i> and <i>Rationale</i></li> <li>Updated <i>Related Sweetpeas Policies</i></li> <li>Updated <i>References</i> and hotlinks</li> <li>Split the Nominated Supervisor/RPs into a new section of responsibilities from Approved Providers to make responsibilities clearer</li> <li>Renamed “When an accident happens” section “First Aid Procedure” and broke it down into sections                             <ul style="list-style-type: none"> <li>When an incident/injury occurs</li> <li>If an ambulance is required</li> <li>After first aid has been administered</li> <li>Storage of first aid records</li> </ul> </li> <li>Added section on definition of a serious incident from Incident, Injury, Trauma and Illness Policy</li> </ul>	February 2024	Cassandra Way (Assistant Manager)  Janine Evans (Managing Director)  Sarah Williamson (Director/WHS Officer - St Clair)  Reviewed by WHS Officers before released for all staff to review.
2.1.	<ul style="list-style-type: none"> <li>Added ‘AED’ to <i>Glossary of Abbreviations</i> section</li> <li>Added ‘medical practitioner’ to <i>Terminology</i> section after feedback from staff that this term was unfamiliar/unclear.</li> <li>Added section for <i>Location of Closest AEDs</i> after feedback from our local First Aid trainer regarding the importance of knowing where AEDs are in the community.</li> <li>Updated <i>References</i></li> </ul>	May 2024	Cassandra Way (Assistant Manager)