



ADMINISTRATION OF MEDICATION POLICY

In supporting the health and wellbeing of children, the use of medications may be required for children at the Service. All medications must be administered as prescribed by medical practitioners and first aid guidelines to ensure the continuing health, safety, and wellbeing of the child. Under the *Education and Care Services National Law and Regulations*, early childhood services are required to ensure medication records are kept for each child to whom medication is or is to be administered by the Service (Reg 92).

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
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.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
Sec.167	Offence relating to protection of children from harm and hazards
12	Meaning of serious incident
85	Incident, injury, trauma and illness policy
86	Notification to parent of incident, injury, trauma or illness
90	Medical conditions policy

91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement - anaphylaxis or asthma emergency
95	Procedure for administration of medication
136	First Aid qualifications
162(c) and (d)	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policies and procedures are to be followed
174	Time to notify certain circumstances to Regulatory Authority
183	Storage of records and other documents

RELATED POLICIES

Administration of First Aid Policy Dealing with Infectious Diseases Policy Child Protection Policy Code of Conduct Policy Delivery of Children to, and collection from Education and Care Service Premises Diabetes Management Policy Enrolment Policy Epilepsy Policy Family Communication Policy	Health and Safety Policy Incident, Injury, Trauma and Illness Policy Medical Conditions Policy Privacy and Confidentiality Policy Record Keeping and Retention Policy Respect for Children Policy Safe Storage of Hazardous Substances Policy Supervision Policy Work Health and Safety Policy
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PURPOSE

To ensure all educators of the Service understand their liabilities and duty of care to meet each child's individual health care needs. To ensure all educators are informed of children diagnosed with a medical condition and strategies to support their individual needs. To ensure that all educators are specifically trained to be able to safely administer children's required medication with the written consent of the child's parent or guardian. Educators will follow this stringent procedure to promote the health and wellbeing of each child enrolled at the Service.

SCOPE

This policy applies to educators, families, staff, management, approved provider, nominated supervisor, students, volunteers and visitors of the Service.

IMPLEMENTATION

Families requesting the administration of medication to their child will be required to follow the guidelines developed by the Service to ensure the safety of children and educators. The Service will follow legislative guidelines and adhere to the Education and Care Services National Regulations to ensure the health of children, families, and educators at all times.

For children with a diagnosed health care need, allergy or relevant medical condition a medical management plan must be provided prior to enrolment and updated regularly. A *Medical Risk Minimisation Plan* along with a *Medical Communication Plan* must be developed in consultation with parents/guardians to ensure risks are minimised and strategies developed for minimising any risk to the child (See *Medical Conditions Policy*).

THE APPROVED PROVIDER/ MANAGEMENT/ NOMINATED SUPERVISOR WILL ENSURE:

- obligations under the *Education and Care Services National Law and National Regulations* are met
- educators, staff, students, visitors and volunteers have knowledge of and adhere to this policy and associated procedure
- all new employees are provided with a link to this policy as part of their induction process
- children with specific health care needs or medical conditions have a current medical management plan from their medical practitioner detailing prescribed medication and dosage
- medication is only administered by the Service with written authority signed by the child's parent or other responsible person named and authorised in the child's enrolment record to make decisions about the administration of medication [Regulation 92(3)(b)]
- medication provided by the child's parents must adhere to the following guidelines:
 - the administration of any medication is authorised by a parent or guardian in writing
 - medication is prescribed by a registered medical practitioner (with instructions either attached to the medication, or in written form from the medical practitioner)
 - medication is from the original container/packaging
 - medication has the original label clearly showing the name of the child
 - medication is before the expiry/use by date
- An *Administration of Medication Record* is completed for each child by the parent/guardian including:
 - name of medication
 - time and date medication was last administered
 - time and date medication is to be administered (or circumstances to be administered)
 - dosage to be administered

- method of administration
- period of authorisation
- parent/guardian name and signature
- a separate form must be completed for each medication if more than one is required
- any person delivering a child to the Service must not leave any type of medication in the child's bag or locker. Medication must be given directly to an educator for appropriate storage upon arrival
- written and verbal notifications are given to a parent or other family member of a child as soon as practicable if medication is administered to the child in an emergency when consent was either verbal or provided by medical practitioners
- if medication is administered without authorisation in the event of an asthma or anaphylaxis emergency the parent/guardian of the child is notified as soon as practicable
- if the incident presented imminent or severe risk to the health, safety and wellbeing of the child or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours of the incident by the approved provider
- reasonable steps are taken to ensure that medication records are maintained accurately
- medication records are kept in a secure and confidential manner and archived for the regulatory prescribed length of time following the child's departure from the Service
- children's privacy is maintained, working in accordance with the Australian Privacy Principles (APP)
- educators receive information about *Medical Conditions* and *Administration of Medication Policies* and other relevant health management policies during their induction
- educators, staff and volunteers have a clear understanding of children's individual health care needs, allergy or relevant medical condition as detailed in medical management plans, Asthma or Anaphylaxis Action Plans
- written consent is requested from families on the enrolment form to administer emergency asthma, anaphylaxis, or other emergency medication or treatment if required
- families are informed of the Service's medical and medication policies at time of enrolment
- safe practices are adhered to for the wellbeing of both the child and educators.

EDUCATORS WILL:

- not administer any medication without the written authorisation of a parent or person with authority, except in the case of an emergency, when the written consent on an enrolment form, verbal consent from an authorised person, a registered medical practitioner or medical emergency services will be acceptable if the parents cannot be contacted

- ensure medications are stored in the refrigerator in a locked medication container with the key kept in a separate location, inaccessible to children. For medications not requiring refrigeration, they will be stored in an area which is inaccessible to children
- ensure adrenaline autoinjectors and asthma medication are kept out of reach of children and stored in a cool dark place at room temperature. They must be readily available when required and **not** locked in a cupboard. A copy of the child’s medical management plan should be stored with the adrenaline autoinjector or asthma medication
- ensure that two educators administer and witness administration of medication at all times (Reg. 95). Both educators are responsible for:
 - checking the *Administration of Medication Record* is completed by the parent/guardian
 - checking the prescription label for:
 - the child’s name
 - the dosage of medication to be administered
 - the method of dosage/administration
 - the expiry or use-by date
 - confirming that the correct child is receiving the medication
 - signing and dating the *Administration of Medication Record*
 - returning the medication back to the locked medication container
- follow hand-washing procedures before and after administering medication
- discuss any concerns or doubts about the safety of administering medications with management to ensure the safety of the child (checking if the child has any allergies to the medication being administered)
- seek further information from parents/guardian, the prescribing doctor or the Public Health Unit before administering medication if required
- ensure that the instructions on the *Administration of Medication Record* are consistent with the doctor’s instructions and the prescription label
- ensure that if there are inconsistencies, medication is not to be administered to the child
- request an English translation from the medical practitioner for any instructions written in a language other than English
- ensure that the *Administration of Medication Record* is completed and stored correctly including name and signature of witness, time and date of administration
- if after several attempts of encouraging the child to take medication, but they still refuse, contact the parent or guardian. Educators cannot use restrictive practices to make a child take medication at any time

- observe the child post administration of medication to ensure there are no side effects
- respond immediately and contact the parent/guardian for further advice if there are any unusual side effects from the medication
- contact emergency services on 000 immediately if a child is not breathing, is having difficulty breathing, or shows signs of unusual side effects requiring immediate attention following administration of any medication.

FAMILIES WILL:

- provide management with accurate information about their child's health needs, medical conditions and medication requirements on the enrolment form
- provide the Service with a *Medical Management Plan* prior to enrolment of their child if required
- develop a *Medical Risk Minimisation Plan* for their child in collaboration with management and educators and the child's medical practitioner for long-term medication plans
- develop a *Medical Communication Plan* in collaboration with management and educators
- notify educators verbally when children are taking any short-term medications (at home)
- complete and sign an *Administration of Medication Record* for their child requiring any medication to be administered by educators/staff whilst at the Service, including signing and dating it for inclusion in the child's medication records
- update *Medical Management Plan* before the expiration date or as the child's medication needs change
- for infants under 3 months old, parents/guardians will be notified immediately for any fever over 38°C for immediate medical assistance
- be requested to sign consent to use creams and lotions
- keep prescribed medications in original containers with pharmacy labels. Please understand that medication will only be administered as directed by the medical practitioner and only to the child to whom the medication has been prescribed. Expired medications will not be administered.
- adhere to our Service's *Incident, Injury, Trauma and Illness Policy* and *Dealing with Infectious Diseases Policy*
- keep children away at home while any symptoms of an illness remain
- keep children at home for 24 hours from commencing antibiotics to ensure they have no side effects to the medication
- NOT leave any medication in children's bags
- give any medication for their children to an educator who will provide the family with an *Administration of Medication Record* to complete

- complete the *Administration of Medication Record* and the educator will sign to acknowledge the receipt of the medication

GUIDELINES FOR ADMINISTRATION OF PARACETAMOL

- families must provide their own Paracetamol for use as directed by a medical practitioner.
- Paracetamol will be kept in the locked medication container
- to safeguard against the incorrect use of Paracetamol and minimise the risk of concealing the fundamental reasons for high temperatures, educators will only administer Paracetamol if it is accompanied by a doctor's letter stating the reason for administering, the dosage and duration it is to be administered. The reason for administering must not include fevers or anything related to a possible communicable illness.
- Educators will only administer one dose of paracetamol.
- if a child presents with a temperature whilst at the Service, the family will be notified immediately and asked to organise collection of the child as soon as possible
- While waiting for the child to be collected, educators will:
 - o remove excess clothing to cool the child down
 - o offer fluids to the child
 - o monitor the child for any additional symptoms
 - o maintain supervision of the ill child at all times, while keeping them separated from children who are well.
- Administration of paracetamol must follow the procedure for *Administration of Medication* requiring two educators to witness the administration and complete the required records

MEDICATIONS KEPT AT THE SERVICE

- Any medication, cream or lotion kept on the premises will be checked regularly for expiry dates
- A list of First Aid Kit contents close to expiry or running low will be given to the nominated supervisor who will arrange for the purchase of replacement supplies
- If a child's individual medication is due to expire or running low, the family will be notified by educators that replacement items are required
- It is the family's responsibility to take home short-term medication (such as antibiotics) at the end of each day, and return it with the child as necessary
- Medication will not be administered if it has passed the product expiry date
- Families are required to complete an *Administration of Medication Record* for all medications to be administered.

EMERGENCY ADMINISTRATION OF MEDICATION [REG. 93(5)]

- In the occurrence of an emergency and where the administration of medication must occur, the approved provider/nominated supervisor must attempt to receive verbal authorisation by a parent, or a person named in the child's enrolment form who is authorised to consent to the administration of medication.
- If all the child's nominated contacts are non-contactable, the approved provider/nominated supervisor must contact a registered medical practitioner or emergency service on 000
- In the event of an emergency and where the administration of medication must occur, written notice must be provided to a parent of the child or other emergency contact person listed on the child's enrolment form as soon as practicable
- The approved provider/nominated supervisor will contact the regulatory authority as soon as practicably possible (within 24 hours) if urgent medical attention was sought or the child attended hospital
- The child will be comforted, reassured, and removed to a quiet area under the direct supervision of an educator.

EMERGENCY INVOLVING ANAPHYLAXIS OR ASTHMA [Reg. 94]

- For anaphylaxis or asthma emergencies, medication/treatment will be administered to a child without authorisation, following the Asthma or Anaphylaxis Action Plan provided by the parent/guardian [National Asthma Council (ASCIA)]
- In the event of a child not known to have **asthma** and appearing to be in severe respiratory distress, the *Administration of First Aid Procedure* must be followed immediately
 - place child in a seated upright position
 - Call an ambulance
 - give 4 separate puffs of a reliever medication (e.g.: Ventolin) using a spacer if required.
 - repeat every 4 minutes until the ambulance arrives
- In the event of a child not known to be diagnosed with **anaphylaxis** and appearing to be an **anaphylaxis** emergency where any of the following symptoms are present, an EpiPen must be administered
 - difficulty/noisy breathing
 - swelling of the tongue
 - swelling or tightness in throat
 - difficulty talking
 - wheeze or persistent cough

- persistent dizziness or collapse, pale and floppy

(Sydney Children’s Hospitals Network – 2020)

The approved provider/nominated supervisor/responsible person will contact the following (as required) as soon as practicably possible:

- Emergency Services 000
- a parent of the child
- the regulatory authority within 24 hours (if urgent medical attention was sought or the child attended hospital).

The child will be comforted, reassured, and removed to a quiet area under the direct supervision of an educator.

CONTINUOUS IMPROVEMENT/REFLECTION

The *Administration of Medication Policy* will be reviewed on an annual basis in conjunction with children, families, educators, staff and management.

RELATED RESOURCES

Administration of Medication Procedure	Medical Communication Plan
Administration of Medication Record	Medical Management Plan
Managing a Medical Condition Procedure	Medical Risk Minimisation Plan

SOURCES

Australian Children’s Education & Care Quality Authority. (2014).

Australian Children’s Education & Care Quality Authority. (2023). [Guide to the National Quality Framework](#).

Australian society of clinical immunology and allergy. ASCIA. <https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>

Australian Government Department of Education. (2022). [Belonging, Being and Becoming: The Early Years Learning Framework for Australia.V2.0](#).

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (Amended 2023).

National Health and Medical Research Council. (2013). *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th Ed.). Australia: Commonwealth of Australia. NSW Government. (n.d.).

NSW Department of Health: www.health.nsw.gov.au

Revised National Quality Standard. (2018).

The Sydney Children’s Hospital Network (2020)

[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY	Megan Hipkiss	Centre Support	June 2024
POLICY REVIEWED	APRIL 2024	NEXT REVIEW DATE	APRIL 2025
VERSION NUMBER	12.04.24		
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy review • removal of reference to Sick Child Policy • information required on administration of medication record expanded • revised Administration of Paracetamol section • sources checked for currency and updated as required 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
APRIL 2023	<ul style="list-style-type: none"> • minor formatting and grammatical edits within text • update to new EYLF reference • hyperlinks checked and repaired as required • Continuous Improvement section added • Childcare Centre Desktop Resource section added • link to Western Australian Education and Care Services National Regulations added in 'Sources' 	APRIL 2024	
APRIL 2022	<ul style="list-style-type: none"> • policy maintenance - no major changes to policy • minor formatting edits within text • minor changes to reflect National Regulations • hyperlinks checked and repaired as required 	APRIL 2023	
APRIL 2021	<ul style="list-style-type: none"> • review of policy/sources checked for currency • additional information included related to observing children post administration of medication/side effects/management • reference to Administration of Paracetamol record 	APRIL 2022	
APRIL 2020	<ul style="list-style-type: none"> • rearrangement of some points for better flow • addition of information • inclusion of Medical Management Plan • additional information re: anaphylaxis or asthma emergency 	APRIL 2021	

APRIL 2019	<ul style="list-style-type: none"> • Additional information added to points. • Duplicated information deleted. • Sources/references updated and alphabetised. 	APRIL 2020
APRIL 2018	<ul style="list-style-type: none"> • Minor terminology and grammatical adjustments made to further support understanding and implementation • Included the list of related policies 	APRIL 2019
OCTOBER 2017	<ul style="list-style-type: none"> • Updated to comply with the revised National Quality Standard 	APRIL 2018
APRIL 2017/ AUGUST 2017	<ul style="list-style-type: none"> • Minor modifications made to ensure compliance with regulations and maintain children’s health and safety. • Updated to meet the National Law and/or National Regulations in respect of a serious incidents and notification purposes. 	APRIL 2018

Appendix 1:

ADMINISTRATION OF FIRST AID PROCEDURE

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.

Working in conjunction with the *Administration of First Aid Policy* and *Incident, Injury, Trauma and Illness Policy*, this procedure provides detailed steps for educators to follow if they witness or are made aware of a medical emergency involving a child or adult at the service.

EMERGENCY RESPONSE	
1	The Service's <i>Administration of First Aid Policy</i> will be reviewed every 12 months to ensure an awareness of appropriate actions to undertake during a medical emergency
2	The educator who witnesses or is made aware of a medical emergency involving a child or adult at the service will assess the situation and begin to administer immediate first aid. If the educator does not hold a first aid certificate, they will inform the first aid officer and assist where necessary.
3	The first aid responder will ensure the safety of themselves and others and implement first aid following the DRSABCD <ul style="list-style-type: none">• Danger• Response• Send for Help• Airway• Breathing• CPR• Defibrillation
4	The first aid responder is to assess if emergency services are required. The first aid responder will send for help for emergency services by calling triple zero 000 .
5	The medical emergencies listed below may require emergency services, however this is not an exhaustive list. <ul style="list-style-type: none">• chest pain or chest tightness• sudden onset of weakness, numbness or paralysis of the face, arm or leg• breathing difficulties for any reason• unconsciousness• uncontrollable bleeding

	<ul style="list-style-type: none"> • a sudden collapse or unexplained fall • unexplained fitting in adults • injury from a major car accident • a fall from a great height • has an injury to their head, neck or back • serious assault • severe burns, particularly in young children • infants under 3 months old who have a temperature above 38°C • poisoned from hazardous chemicals, substances, plants or snake or spider bite
6	The Nominated Supervisor/Responsible Person or first aid responder will arrange for the ambulance or emergency services to be met at the front of the service and shown to the area where the child or adult is located
7	The Nominated Supervisor/Responsible Person and educators will ensure the child or adult is in no immediate danger and assist to remove other children from the area if required
8	The Nominated Supervisor/Responsible Person will ensure adequate supervision for other children within the service
9	The Nominated Supervisor/Responsible Person will arrange for an educator to accompany the child or adult in the ambulance to the hospital, whilst ensuring ratios are maintained at the service
10	<p>The Nominated Supervisor/Responsible Person or first aid responder will review the child's medical information including any medical information listed on the child's enrolment form, Medical Management Plan before the first aid responder attends to the injury or ill child or adult if applicable.</p> <p>If the illness or incident involves asthma or anaphylaxis, an educator with approved asthma or anaphylaxis training will attend to the child or adult following their Medical Management Plan or Action Plan.</p> <p>If the illness or incident involves a pre-existing medical condition the educator will attend to the child or adult following their Medical Management Plan or Action Plan.</p>
11	<p>The Nominated Supervisor/Responsible Person will notify the parent or emergency contact, informing them that the child or adult requires medical attention.</p> <p>The parent/authorised person will be requested to either:</p> <ul style="list-style-type: none"> • come immediately to the service premises or place of incident/injury/illness or • meet the ambulance at the hospital
12	The Director/Nominated Supervisor will ensure the <i>Incident, Injury, Trauma and Illness Record</i> is completed in its entirety and the parent and the regulatory authority are notified as soon as possible and within 24 hours of the injury, illness or trauma.

MINOR ILLNESS, INCIDENT OR INJURY	
1	The educator who witnesses or is made aware of an incident, injury, trauma or illness involving a child or adult at the service will begin to administer immediate first aid. If the educator does not hold a first aid certificate, they will inform the first aid officer and assist where necessary.
2	The first aid responder is to administer first aid utilising the first aid kit as required
3	The first aid responder will closely monitor any child who appears unwell and if any symptoms described below are noticed, or the child is not well enough to participate in normal activities, parents or an emergency contact person will be contacted to collect the child as soon as possible. Behaviour that is unusual for the individual child may include: <ul style="list-style-type: none"> • high temperature or fevers • loose bowels • faeces that are grey, pale or contains blood • vomiting • discharge from the eye or ear • skin that displays rashes, blisters, spots, crusty or weeping sores • loss of appetite • dark urine • headaches • stiff muscles or joint pain • difficulty in swallowing or complaining of a sore throat • persistent, prolonged or severe coughing • difficulty breathing • a stiff neck or sensitivity to light
4	The first aid responder will move any child who is displaying symptoms of a contagious illness or virus (vomiting, diarrhoea, fever) away from the rest of the group and supervise until he/she is collected by a parent or emergency contact person.
5	The Nominated Supervisor/Responsible Person will notify the parent or emergency contact, informing them that the child has received medical attention by the first aid responder
6	If emergency services are not required, however the first aid responder determines the child should seek medical attention, the parent or emergency contact will be notified and requested to collect the child and advised medical attention should be sought by a medical practitioner.
7	In the case of a serious incident, the Director or Nominated Supervisor will ensure the <i>Incident, Injury, Trauma and Illness record</i> is completed in its entirety and the parent and the regulatory authority is notified as soon as possible and within 24 hours of the injury, illness or trauma.

HEAD INJURY

Where a child has received any injury to the head, no matter how minor, educators must contact the parents/guardian as soon as possible. Educators must be aware that any injury to the head may develop into a serious incident or injury. If a child or adult becomes unconscious due to a head injury, you should also suspect a spinal injury and should treat the casualty as such.

The following is the standard protocol for head injury first aid:

Follow DRSABCD (Danger, Response, Send for Help, Airway, Breathing, CPR, Defibrillation) Treatment varies for conscious or unconscious casualties		
	CONSCIOUS CASUALTIES	UNCONSCIOUS CASUALTIES
STEP 1	If the patient is conscious and no spinal injury is suspected, place the patient in a position of comfort (usually lying down) with their head and shoulders slightly raised.	If the patient is unconscious and a neck or spinal injury is suspected place the patient in the recovery position, carefully supporting the patient's head and neck, and avoid twisting or bending during movement.
STEP 2	Control any bleeding with direct pressure at the point of bleeding. If you suspect the skull is fractured, use gentle pressure around the wound.	Ensure the patient's airway is clear and open. Keep the patient's airway open by lifting their chin. Do not force if the face is badly injured.
STEP 3	If blood or fluid comes from the ear, secure a sterile dressing lightly over the ear. Lie the patient on their injured side, if possible, to allow the fluid to drain.	Call triple zero (000) for an ambulance.
STEP 4	Seek medical aid	

FIRST AID TREATMENT FOR WOUNDS

The most important thing to do is to try and stop the bleeding. If available, put on clean disposable gloves or clean your hands first with hand sanitiser, but do not delay treating the wound if these are not close by.

- Use a clean, dry cloth to apply pressure directly to the wound
- Apply pressure for five minutes

Thoroughly cleaning the wound will reduce the risk of infection. However, there is no need to use anything other than water as other substances may irritate the injured skin or cause a delay in the wound healing. Antiseptic creams are not recommended and do not help the wound to heal.

	MINOR WOUNDS	MORE SERIOUS WOUNDS
STEP 1	Minor wounds do not usually require any medical attention but can be managed with standard first-aid procedures. After removing pressure, the bleeding should have slowed to a trickle or have stopped altogether.	As with minor wounds, try to stop the bleeding by applying pressure to the area. Ensure parents/guardians are contacted as soon as possible and provided with information about their child. Contact emergency services on 000 in the following situations:
STEP 2	<ul style="list-style-type: none"> • If bleeding continues, reapply pressure and seek urgent medical attention. If this is not possible call the ambulance. • If bleeding has stopped or slowed, rinse the wound and surrounding area with water. If you can see any dirt or debris in the wound, use tweezers (cleaned first with hot water, alcohol swabs or sanitiser lotion) to remove any particles. If there is dirt or debris you can't remove, the child should seek medical attention. Very small amounts of dirt are OK in grazes. • Cover the wound with a dressing (e.g. Band-Aid) or a small bandage. This will help to keep the wound clean and will protect the area from further knocks as it heals. Keeping the wound covered also keeps the wound moist, which aids healing 	<ul style="list-style-type: none"> • there is a large amount of bleeding that does not quickly stop • the wound is very deep or is a deep puncture wound • the cut or laceration is deep and is over a joint (e.g. a knee, wrist or knuckle) • a human or animal bite caused the wound • you cannot get the wound clean • the child has not had a tetanus vaccination within the last five years • the wound is gaping apart, despite controlling the bleeding. It may need closing with glue or stitches. Clean with water, cover the wound. Ensure medical attention is sought as soon as possible. • the wound has something sticking out of it, such as a piece of glass or a stick. Do not try to remove the object. Continue to apply pressure to the wound around the object.

PROCEDURE FOR WOUNDS TO THE HEAD

1	Educators will follow First Aid Procedure for the wound / injury. Assess if emergency medical attention is urgently required- call 000 for emergency services if required
2	When a child receives any injury/incident to the head area, educators must notify the child's parent/guardian or emergency contact person as soon as possible. Record time and date of notification to parent
3	Educators will continue to administer first aid and/or monitor the child until parent/guardian arrives at the Service, or emergency services arrive and take over treatment
4	Educators will complete <i>Incident, Injury, Trauma or Illness Record</i> accurately and in a timely manner as soon after the event as possible (within 24 hours).
5	Educators will ensure parental acknowledgement of the notification of the incident/injury/trauma is provided on the <i>Incident, Injury, Trauma and Illness Record</i>
6	The Nominated Supervisor will notify the Regulatory Authority within 24 hours of a serious incident if urgent medical attention was required and/or emergency services attended the Service
7	The Nominated Supervisor will ensure notification is made to SafeWork NSW (or relevant authority) in event of serious injury/incident (Work Health and Safety Laws)
8	Educators will advise the parent/guardian, that following a serious head injury, the child may return to the Service with a medical clearance and details of activities permitted over a gradual time frame provided by a registered general practitioner.

CALLING FOR AN AMBULANCE	
1	All staff have a duty of care to contact an ambulance immediately in case of an emergency
2	<p>Dial 000 and be prepared to answer the following:</p> <ul style="list-style-type: none"> • the address of where the ambulance is required and the closest cross street • what the problem is • how many people are injured • the child/person's age • the child/person's gender • if the child/person is conscious and • if the child/person is breathing