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|  | First-Aider In-Charge & Medications Description  Resource Code CSE4-GF |

*This information is provided to assist the FAIC and those assisting them. It describes their role and flags some issues they may need to address. The information provided here may need modifying to take account of your context.*

*The abilities of a FAIC will vary – some may be Medical Professionals such as a doctor, nurse or paramedic, while others will have some level of First Aid training. The key principle is to be aware of the limitations of your training, and to seek outside assistance when appropriate.*

The First-Aider In-Charge (FAIC) is responsible for first aid within the program. In larger programs, additional First Aiders may assist the FAIC. If the first aid kit is used, or a person requires access to their own medication, this should be done in consultation with the FAIC or their assistants (also refer to Medications guide below).

# What qualifications do I need?

Suitable qualifications vary by jurisdiction. The FAIC needs to hold at least a minimal level of recognised First Aid qualification, such as the Senior First Aid (“Level 2”) certificate in Australia. For programs operating in remote or wilderness areas, area and activity specific First Aid training is necessary.

# What are my responsibilities?

The FAIC is responsible for:

1. Being aware of each individual’s medical history, as far as practical and as provided. The degree to which this occurs depends on the nature of the program. Only basic medical information will generally be available.
2. Relating any necessary information to the leadership team regarding medical history of individuals.
3. Administering first aid or delegating this task to a suitably experienced assistant.
4. Administering medications or delegating this task to a suitably experienced assistant.
5. Ensuring first aid kits are adequately stocked with appropriate equipment.
6. Ensuring first aid equipment is available at all times.
7. Maintaining stock records about the use of first aid equipment.
8. Ensuring Incident Report Forms are filled out when necessary. The primary responsibility for Incident Reporting rests with the Team Leader. However, the input of the FAIC will be required in relation to injuries, illnesses and actions taken.

# When will I need outside help?

Never attempt anything you aren’t qualified or competent to do. We would encourage you to be conservative in your decision making.

First Aid provides assistance for minor injury or illness. In more serious situations, it is intended to prevent further harm and promote recovery until the person is able to receive professional medical attention. If you are in doubt about anything, get the person to medical aid as soon as possible. If any of the following occur, the casualty must be taken to a hospital for professional attention:

* There is a possibility of spinal, back or head injury.
* Eye damage occurs.
* The participant becomes unconscious.

Remember, if in doubt, have them checked by a medical professional.

# How do I assess medical information?

Most FAICs are not doctors, and so are not able to make formal assessments regarding medical conditions based on information supplied by participants and their caregivers. However, medical forms provide information that is extremely useful.

Speak with the family of the participant at the time of registration (if possible) if you are unclear about any information included on the medical form. Seek specific information about anything that you have questions about. If you are still not satisfied, contact a doctor or pharmacist for more information. It is important to gather the information that will help you in your role.

Given that you are primarily the person who assesses information provided on a Medical and Personal Information form, information is provided here to assist you in processing these forms:

* **Dietary requirements** - Special dietary needs must be passed on to those responsible for the food on program. If this includes an allergy, this information needs to be known by the leadership team, particularly any Team Members who will have a lot of contact with the participant.
* **Swimming ability** – The swimming ability of an individual will highlight those who may require more stringent supervision or attention around water. Programs that include water-based activities should consider a swim test prior to allowing participants to swim, so that supervisors are aware of how well each person can swim.
* **Medical insurance information** – If a person needs to be admitted to a hospital or medical centre their Australian Medicare number will usually be required. Some centres will need to know if an individual has private health cover and/or ambulance cover. This may affect the treatment schedule of individuals in some circumstances.
* **Need for medication** – If a child needs to take any medication, it is recommended that they bring their own and place it in your care until required, and on the understanding you are promptly available in certain medication cases. This ensures that the use of medication and other drugs is controlled by the leadership team. A participant may not require any medication but may ask for a pain killer or other over-the-counter drug. In the instance of no pre-disclosure, the caregiver’s permission must be given prior to administering any form of medication.
* **Taken off medication recently** – If you are informed that a child has recently been taken off medication, it may be prudent to contact a medical specialist to find out what side-effects may be expected.
* **Date of last Tetanus injection** – This may be necessary information for doctors to know in the case of a medical emergency.
* **History of broken/fractured bones** – This may be necessary information for doctors to know in the case of a medical emergency.
* **Specific Medical Conditions** – Some of this information may be helpful for doctors to know in the case of a medical emergency. It may also highlight areas in which leaders need to be vigilant. Here are some questions to consider if a participant indicates they have a condition.

1. Does the child have medication? What is it?
2. Do they need to be reminded to bring their medication?
3. What are common triggers for their condition?
4. What are likely signs and symptoms?
5. Are any parts of the program likely to produce a reaction?
6. Do you know how to deal with this condition if it should occur?

If you are unsure, call the caregiver to ask these questions or ask a medical professional.

* **Signature** – Ensure that the medical form is signed.

# Basic Medications Guide



Always administer medication based on the information provided and written authority signed by the child’s parent or other responsible individuals on the child’s enrolment form. If a parent or person named in the enrolment form cannot be reasonably contacted In the case of an emergency, a medical practitioner will be contacted and either written or verbal instructions will be followed.

Guidelines under the Australian Education National Quality Framework (ACECQA) provide a good guide to practice:

• Education and Care Services National Regulations regulation 92, 93 & 95

• National Quality Standard 2.1

A proxy reference for these is found under NSW law under Div 4 Administration of Medication:

<https://legislation.nsw.gov.au/view/html/inforce/current/sl-2011-0653#ch.4-pt.4.2-div.4>

**Medication Procedure**

1. A responsible organisation member will complete the medication record with the parent to ensure all details are completed and correct before they leave their child

2. A separate medication record must be completed for each medication

3. Medication can only be administered if a medication record has been signed by the parent or responsible person listed on the child’s enrolment form, authorised by the parent to make decisions regarding the administration of medication.

4. When medication has been prescribed by a medical practitioner the service will follow the medical practitioners’ instructions. Medication must:

* + Be in its original container
  + Have a clear readable and original label
  + Have the child’s name clearly on the label
  + Have any instructions attached
  + Have verbal or written instructions provided by the child’s registered medical practitioner

5. A responsible organisation member is to take the medication from the parent and store either in the fridge or in the medication box, inaccessible to any children.

6. If a parent or person named in the enrolment form cannot be reasonably contacted In the case of an emergency, a medical practitioner will be contacted and either written or verbal instructions will be followed. This is to be documented on a medication record

**Administering of Medication Procedure**

* + collect the medication record
  + collect the medication and dropper/measuring glass
  + collect the child and make feel comfortable
  + ask another staff member to be the witness
  + work your way through the medication record recording relevant details
  + check the parent or authorised person is listed on the child’s enrolment form has signed the medication record
  + check the name of the medication against the medication record
  + check the expiry or used by date – document this
  + check the identity of the child is consistent with the name on the medication container
  + check dosage is consistent with what is on the container – (If a parent has indicated a different dosage in the medication book than what has been labelled on the medication, the Team Leader / First-Aider In-Charge, will contact the parent to clarify what is the correct dosage BEFORE administering medication to the child if not follow amount stated on the container)
  + wash your hands
  + pour liquid away from the label
  + 2nd staff member checks all details on the record sheet are correct before 1st staff member administers medication
  + you and witness to complete the medication record with name and signatures
  + engage the child back into play
  + return medication to storage area
  + wash out the medication utensil immediately
  + at the end of the day ensure medication goes home with the parent and or authorised contact and ask them to sign the medication record

*Also refer to ChildSafe Module FA1 for further information concerning First Aid.*