

Template B

First Aid Kit Checklist

Quantities based on:

20 to 40 children. (Use as a guide and Increase as required.)

	Item	Expiry Date	Check Date	Check Date	Check Date
1	Current First Aid book, including Cardio-Pulmonary Resuscitation (CPR) flow chart				
1	Notebook and pen/pencil				
2	Resuscitation face mask or face shield				
6	Disposable nitrile examination gloves				
1	Digital thermometer				
1	Tweezers – fine point				
10	Splinter probes (single use disposable)				
1	Scissors (sharp blunt)				
Pk 12	Safety pins				
6	Plastic bags (clip seal / zip lock)				
1	Thermal blanket				
2	Instant hot/cold pack				
5	Gauze pieces 7.5 x 7.5 (3 pack)				
16	Saline (sodium chloride) (15 ml)				
10	Wound cleaning wipes (single 1% Cetrimide BP)				
Pk 50	Adhesive dressing strips (band aids)				
Pk 10	Butterfly closures				
1	Antiseptic liquid/spray (50 m)				
1	Sting relief cream, spray, or gel				
8	Hydro gel sachets (for burns)				
Pk 100	Cotton applicators				
6	Non- adherent would dressing/pad 5 x 5 (small)				
2	Non- adherent would dressing/pad 10 x 10 (large)				
3	Conforming cotton bandage 5 cm width				
2	Conforming cotton bandage 7.5 cm width				
2	Conforming cotton bandage 10 cm width				
3	Crepe bandage 5 cm				
3	Crepe bandage 7.5 cm				
2	Crepe bandage 10 cm				
2	Non-stretch hypoallergenic adhesive tape 2.5 cm roll				
2	BPC wound dressing, No. 13 (small)				
2	BPC wound dressing, No. 14 (medium)				
2	BPC wound dressing, No. 15 (large)				
4	Dressing – combine pad 10 x 10 cm				

2	Dressing – combine pad 10 x 20 cm				
5	Calico triangular bandage 155 x 110				
5	Eye pad – sterile single use				
1	Optional: Adrenalin auto-injector (for emergencies)				
1	Optional: Ventolin inhaler (for emergencies)				
1	Optional: Ventolin inhaler disposable face mask (for emergencies)				
		Signature of staff member checking supply			

APPENDIX 1

Template D HLTWHS001

Risk assessment tool template

This Risk Assessment must comply with relevant regulatory and compliance requirements as outlined in: *Education and Care Services National Regulations - Part 7, Division 4 and National Quality Standards - 2.3.2*

Identify the Activity		Location	Who may be at risk?			
Identify hazards, risks and rate the risks						
1. Divide the activity into tasks		3. List risk controls already in place Determine a risk rating using the Risk Rating Matrix below				
2. Identify the hazards and associated risks for each task						
Tasks	Hazards	Risks	Risk Rating			Existing Control Measures
			Likelihood	Impact	Risk Rating	
Who conducted the Risk Assessment?		Who approved the Risk Assessment?				
Completed by:		Approved by:				
Signature:		Signature:				
Date:		Date:				

APPENDIX 1a

Risk rating matrix

		Impact				
		Insignificant	Minor	Moderate	Major	Severe
Likelihood	Almost Certain	Medium	High	High	Very High	Very High
	Likely	Medium	Medium	High	High	Very High
	Possible	Low	Medium	High	High	Very High
	Unlikely	Low	Low	Medium	Medium	High
	Rare	Low	Low	Medium	Medium	Medium

LIKELIHOOD

Almost certain	Is expected to occur in most circumstances
Likely	Will probably occur in most circumstances
Possible	Could occur at some time
Unlikely	Not likely to occur in normal circumstances
Rare	May occur only in exceptional circumstances

IMPACT

Insignificant	Injuries not requiring first aid
Minor	First aid required
Moderate	Medical treatment required
Major	Hospital admission required
Severe	Death or permanent disability to one or more persons

Template C

Outdoor Safety Checklist

	Item	Yes	No	N/A
1	Outdoor environment			
	Is the site clear of litter and dangerous objects?			
	Are the trees free from potential falling deadwood and other hazards (e.g. pointed or broken branches at eye height)?			
	Is access to the site in good condition and clear of obstruction?			
2	Swings			
	Is the main frame safe and secure?			
	Are all moving parts in working order?			
	Are seats and attachments in good condition?			
	Are chains and shackles in good condition?			
	Are all bolts in place and secure?			
	Are posts treated/painted when necessary to prevent rotting or splintering?			
3	Slides			
	Is the main frame safe and secure?			
	Is the sliding surface clear of obstructions?			
	Is the sliding surface secure and free of gaps from side rails?			
	Are the surfaces free from rust, rotting or splintering?			
4	Structures (including portable structures)			
	Is the main frame safe and secure?			
	Are timber posts sound and free of large structural cracks and splinters?			
	Are timber floors and palings stable and free of large cracks and splinters?			
	Are all nail heads flush with timber (not protruding)?			
	Are all bolts in place and secure?			
	Are all joints and connections firm (not loose)?			
	Are chains and ropes secure and in good condition?			
	Are all components in place (none missing)?			
	Are frames maintaining shape (not distorted)?			
	Are surfaces free from rust or rot?			
5	Sandpit			
	Is the sandpit regularly raked, weeded and checked for dangerous objects (i.e. daily)?			
	Is the sand replaced or replenished when necessary? Are borders free of splinters, exposed nails and pins?			
	Is the sandpit covered when not in use?			
6	Impact absorbing materials			

	Is the material loosened and leveled with a rake and cleared of objects to prevent compaction?			
	Is the material maintained to recommended compacted depth depending on fall height? (minimum compacted depth of 300 mm – refer to KidSafe resources for more detail)			
	Are borders free of splinters, exposed nails and pins?			
7	Grassed Areas			
	Is the grass well maintained (does not need mowing, reseeding or other care)?			
8	Other potential risks			
	Are tyres and other areas free of spiders or other dangerous insects/animals?			
Additional comments or actions required:				
Signed	Name:	Date:		



CHCECE038

Learning Story

Template S

Date:

Educators Voice:

Child's name:

Photo

Photo

Learning Outcomes

Photo

Photo

Learning Outcomes

Educators Voice

Evaluation

What's Next?

Parent Voice



CHCECE038

Learning Story

Template S

Date:

Educators Voice:

Child's name:

Photo

Photo

Learning Outcomes

Photo

Photo

Learning Outcomes

Large central text area for the learning story content.

Evaluation

What's Next?

Parent Voice

Anecdotal Observation record sheet

Child's Name: _____

Child's D.O.B: _____

Observation Date: _____

Student Name: _____

Anecdotal Observation	Interpretation of observation

Interests and extensions from the interpretation:

Learning outcomes:

Learning goals developed:

Extension of Learning: Where too Next?

Feedback from room supervisor:

Student signature: _____

Room supervisor name: _____

Room supervisor signature: _____

Date: _____

Running Observation record sheet

Child's Name: _____

Child's D.O.B: _____

Observation Date: _____

Student Name: _____

Running Observation	Interpretation of observation
Time Started:	Time completed:

CHCECE038
Template R

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Interests and extensions from the interpretation:

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Learning outcomes:

--

Learning goals developed:

Extension of Learning: Where too Next?

Feedback from room supervisor:

Student signature: _____

Room supervisor name: _____

Room supervisor signature: _____

Date: _____

Permission Slip for Parents

Permission to observe

Dear parent / guardian,

I am a student who is currently studying in CHC30121 Certificate III in Early Childhood Education and Care. I seek your permission to observe your child over the next four weeks by using different types of observation recording techniques. As this will be my first formal observation as a diploma student, the observations I make of your child may not be accurate.

This observation is confidential and details of your child will not be released to anyone without your consent.

If you have any queries regarding my observations, please speak to my lecturer from Australia International Institute of Workplace Training (AIWT) on:
08 9249 9688.

Thank you for your help.

Yours sincerely (_____) *name of student*

I, _____ give permission for my child _____ to be observed.

Signature: _____ Date: _____

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Follow up experiences	
Theorist	

Feedback from room supervisor:

Name of supervisor: _____
Signature: _____ Date: _____

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