



## Incident, Injury, Trauma and Illness Policy. Including Procedures

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### NQS

QA2	2.1.2	Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
	2.2.1	Supervision- At all times, reasonable protection 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, practised and implemented.
	2.2.3	Child Protection -Management, Educators and Staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect

### National Law

Section	174	Offence to fail to notify certain information to Regulatory Authority
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### National Regulations

Regs	12	Meaning of serious incident
	85	Incident, injury, trauma and illness policies and procedures
	86	Notification to parents of incident, injury, trauma and illness
	87	Incident, injury, trauma and illness record
	88	Infectious diseases
	89	First aid kits
	97	Emergency and evacuation procedures
	161	Authorisations to be kept in enrolment record
	162	Health information to be kept in enrolment record
	168	Education and care service must have policies and procedures
	175	Prescribed information to be notified to Regulatory Authority
	176	Time to notify certain information to Regulatory Authority

### Aim

The service and all educators can effectively respond to and manage accidents, illness and

emergencies which occur at the service to ensure the safety and wellbeing of children, educators and visitors.

## Related Policies

Death of a Child Policy

Emergency Service Contact Policy

Emergency Management and Evacuation Policy

Enrolment Policy

Grievance Policy

Infectious Diseases Policy

Medical Conditions Policy

## Implementation

This policy and related policies and procedures at the service will be followed by nominated supervisors and educators of, and volunteers at, the service in the event that a child -

(a) is injured or

(b) becomes ill or

(c) suffers a trauma or

(d) is involved in an incident at the service

The Approved Provider/Nominated Supervisor will ensure that:

- a parent of a child is notified as soon as possible, preferably on the same day, and no later than 24 hours of the injury, illness, trauma or incident
- an Incident, Injury, Trauma and Illness Record is completed without delay
- at least one first aid qualified educator (with asthma and anaphylaxis training) is present at all times at the service
- first aid qualifications (including anaphylaxis and asthma management training) are current and updated at least every 3 years
- all components of first aid qualifications are current if some require an earlier revision (eg CPR)
- first aid qualified employees receive CPR refresher training annually
- first aid qualified educators never exceed their qualifications and competence when administering first aid

The Nominated Supervisor will also diarise to ensure the contents of first aid kits and their location are reviewed at least annually and after every use. Audits will ensure each Kit has the required quantities, items are within their expiry dates and sterile products are sealed. Consideration will also be given to whether the contents suit the injuries that have occurred, based on our incident, injury, trauma and illness records and action taken to obtain additional resources if required.

During our induction process for new educators and staff the Nominated Supervisor or delegated staff member will:

- advise which (other) educators and staff have first aid qualifications

- the location of the first aid kit(s)
- obtain information about any medical needs the new employee may have that could require specialist first aid during an incident or medical emergency. This information will only be shared with the employee's consent or in order to meet our duty of care to the employee.

The Nominated Supervisor will review the following matters in consultation with employees (eg at staff meetings) where appropriate, at least annually or when there are staff changes:

- our first aid procedure
- the location of our first aid kit(s)
- the nature of incidents occurring at the service

If children are injured or become ill at the service, educators or staff members will request parents or authorised nominees to collect children within **one hour of the request**.

We will display photos of all educators and staff, together with their qualifications, in a prominent position where they can be easily viewed by families and team members.

We will also display appropriate first aid signage (eg CPR posters) in prominent locations.

Our service will use the Incident, Injury, Trauma and Illness Record template published by ACECQA at

OR

Our service will use the following Incident, Injury, Trauma and Illness Record at Tab A

## **Illness**

We will implement the following for Families, Children and Educators at our service:

- We require that all families complete written consent in their enrolment pack for Educators to seek medical attention for their Child.
- Families will be required to supply details of their preferred doctor, dentist, health fund and Medicare details and written consent to ambulance procedures for the Service.
- Families are advised upon enrolment and in regular reminders not to bring sick Children to the Service and to arrange prompt collection of Children who are unwell. The care needs of a sick Child are difficult to meet without dramatically reducing the general level of supervision of the other Children or risking another Child's Health.
- Families will be made aware of this Policy on enrolment.
- Educators will provide 2 emergency contacts on their staff information record prior to commencing work at the service. Educators will disclose any pre-existing illness or current medical condition.

**A Child or Adult will be considered sick if he/she:**

\* Sleeps at unusual times, is lethargic.

- \* Has a fever over 38 degrees
- \* Is crying constantly from discomfort
- \* Vomits or has Diarrhoea
- \* Needs one on one care
- \* Has symptoms of an infectious disease.

**If a Child develops an Illness whilst at the service, we will ensure the following**

- Alert the Nominated Supervisor and other team members and advise them of your concerns about the Child's condition.
- Contact the Parent and advise that their Child seems unwell and monitor the Child.

**Please note:** If the Child is vomiting or has diarrhoea or a temperature over 38 degrees, parents must collect the Child.

- Actively monitor the Child's health and wellbeing, as well as following all first aid procedures. Write notes within the illness, Injury & Accident record about their general state.
- Note that sometimes a Parent will be unable to collect their Child immediately. In this case, refer to the Emergency Contacts section of the Enrolment form.
- If a Child's temperature is very high, cannot be brought down and their Family cannot be contacted, the Child's enrolment record will be checked for permission to give paracetamol. If the situation becomes serious, an ambulance will be called.
- If there are further concerns about the Child's illness contact emergency services and follow directions of the emergency services.
- Whilst waiting for the Parent to arrive provide the Child with a mat or cushion where they can rest and still be supervised by Educators. Make the Child as comfortable as possible.
- During a fever, natural methods will be employed to bring the Child's temperature down until a Family member arrives or help is sorted. Such methods include removing clothing as required, clear fluids given, tepid washers applied to the Child.
- If a staff member becomes ill or develops symptoms at the Service, they can return home if able or the Nominated Supervisor will organise for someone to take them home.

**This may include:**

- Removing excess clothing if they are hot
- Providing them with a blanket or comfort item

- Offering a drink of water if appropriate
- Apply tepid washers to Child.

After the Child leaves, clean the mat or cushion to minimise the spread of infection, In addition follow up with the Child's Family to check if any further action is required post the initial incident occurring particularly if related to infectious disease situation.

Children, Educator's and Staff with diarrhoea and or vomiting will be excluded until the diarrhoea and/or vomiting has stopped for at least 48 hours and will need a clearance from their GP.

**Please Note:** If there is gastroenteritis outbreak at the Service, children displaying the symptoms will be excluded from the Service until the diarrhoea and/or vomiting has stopped and Family are able to get a medical clearance from their Doctor. Signage will be displayed throughout the Service to alert Families and if an outbreak occurs, we will follow instructions from Staying Healthy 5<sup>th</sup> Edition- It may be necessary to contact Public Health.

**Please note:** If a Child presents to the Service as visibly unwell and a Parent has administered Paracetamol prior to attending, the Parent will be called back to collect their Child if the condition deteriorates during the day.

### **Infectious Diseases**

- If there is an occurrence of an infectious disease at an education and care service, the Approved Provider of the Service must ensure that reasonable steps are taken to prevent the spread of the infectious disease at the Service.
- If there is an occurrence of an infectious disease at the Centre-based Service, the Approved Provider of the Service must ensure that a Parent or an Authorised Emergency Contact of each Child being educated and cared for at the Service is notified of the occurrence as soon as possible.

## **Administration of First Aid**

If there is an accident, illness or injury requiring first aid an educator with a current first aid qualification will:

- assess any further danger to the child, other children and any adults present and take steps to remove or mitigate the danger
- respond to the injury, illness or trauma needs of the child or adult in accordance with their current first aid, asthma and anaphylaxis training, and in accordance with the child's medical management plan and risk minimisation plan if relevant. As part of first aid response educator may if required:
  - call an ambulance (or ask another staff member to call and co-ordinate the ambulance). The Nominated Supervisor or a familiar educator will accompany the child in the ambulance if parents/guardians are going directly to the hospital
  - notify a parent or authorised nominee that the child requires medical attention from a medical practitioner

- contact a parent or authorised nominee to collect the child from the service if required **within 60 minutes**
- notify the nominated supervisor and parents of the incident, illness or injury the same day that it occurs
- complete an Incident, Injury, Trauma and Illness Record without delay

The Nominated Supervisor and educators will supervise and care for children in the vicinity of the incident, illness or injury as appropriate.

## First Aid Kit Guidelines

First aid kits will be easily recognised and readily available where children are present at the service and during excursions. They will be suitably equipped having regard to the hazards at the service, past and potential injuries and size and location of the service.

We will use the checklist in Qld First Aid in the Workplace Code of Practice or Safe Work Australia First Aid in the Workplace Code of Practice as a guide on what to include in our first aid kits, and tailor the contents as necessary to meet our service needs (Tab B).

The Approved Provider, Nominated Supervisor or first aid trained employee may purchase adrenaline auto-injectors (eg Epipens) and asthma puffers for emergency medical responses (eg where children don't have their own devices because they have not previously been diagnosed) from a pharmacist. They will provide one of the following to the pharmacist as evidence they are authorised to purchase these medications: written evidence they are the approved provider of the service, a letter from the approved provider nominating them as an approved purchaser on behalf of the service, a certificate showing they have completed an approved asthma management course, or a copy of their Queensland Health approval.

We will display a well recognised, first aid sign which complies with AS 1319:1994 – Safety Signs for the Occupational Environment to assist in easily locating first aid kits.

### **Any First Aid kit at the service must -**

- not be locked
- not contain paracetamol (Panadol)
- have sufficient first aid resources for the number of employees and children
- have appropriate first aid resources for the immediate treatment of injuries at the service (including asthma and anaphylaxis)
- be accessible within two minutes of an incident (includes time required to access secure areas) and located where there is a risk of injury occurring if relevant
- be provided on each floor of a multi-level workplace
- be provided in each work vehicle
- be taken on excursions
- be constructed of resistant material, dustproof (can be sealed) and large enough to adequately store the required contents

- preferably be fitted with a carrying handle as well as internal compartments
- have a white cross on a green background with the words 'First Aid' prominently displayed on the outside
- contain a list of contents
- display emergency telephone numbers, and the phone number and location of the nearest first aid trained educators (including appropriate information for those employees who have mobile workplaces)
- display a photograph of the first aid trained educators along with contact details to assist in the identification process
- be maintained in proper condition and the contents replenished as necessary

## Notification of serious incidents

The **Approved Provider or Nominated Supervisor** will notify the regulatory authority through the online NQA ITS within 24 hours of any serious incident at our service (s. 174). If our service only becomes aware that the incident was serious afterwards, we will notify the regulatory authority within 24 hours of becoming aware that the incident was serious.

Serious incidents include:

- the death of a child at the service or following an incident at the Service
- any incident involving a serious injury or trauma to a child at the service which a reasonable person would say required urgent attention from a medical practitioner, or the child attended or should have attended a hospital eg broken limb
- any incident involving serious illness of a child at the service where the child attended, or should have attended, a hospital eg severe asthma attack, seizure or anaphylaxis. This does not include treatment at a hospital for non-serious injury, illness or trauma in cases where a General Practitioner consults from a hospital eg in rural and remote areas
- any emergency where emergency services attended ie there was an imminent or severe risk to the health, safety or wellbeing of a person at the service. It does not include incidents where emergency services attended as a precaution
- a child is missing or cannot be accounted for at the service
- a child has been taken from the service by someone not authorised to do this
- a child is mistakenly locked in or locked out of the service.

A serious injury, illness or trauma includes:

- |  |  |
|--|--|
| • amputation                                 | • epileptic seizures                         |
| • anaphylactic reaction requiring urgent     | • head injuries                              |
| • asthma requiring urgent hospitalisation    | • measles                                    |
| • Broken bone/fractures                      | • meningococcal infection                    |
| • bronchiolitis                              | • sexual assault                             |
| • burns                                      | • witnessing violence or a frightening event |
| • diarrhoea requiring urgent hospitalisation |  |

## Notification of serious complaints and circumstances

The **Approved Provider or Nominated Supervisor** will notify the regulatory authority through the online NQA ITS:

- within 24 hours of any complaints alleging that a serious incident has occurred or is occurring while a child was or is at the service
- within 24 hours of any complaints that the National Law or Regulations have been breached
- within 7 days of any circumstances arising at the Service that pose a risk to the health, safety and wellbeing of a child
- within 7 days of any incident, complaint or allegation that physical or sexual abuse of a child has occurred or is occurring while the child is at the service
- within 24 hours of any children being educated and care for in an emergency, including where there is a child protection order or the parent needs urgent health care. Emergency care can be no longer than two consecutive days of operation. The **Approved Provider or Nominated Supervisor** will consider the safety, health and wellbeing of all children at the service before accepting the additional child/children, and will advise the regulatory authority about the emergency
- within 24 hours of any incidents that require the Service to close or reduce attendance.

## Notification of Work Health and Safety incidents

Serious injury or illness is a “notifiable incident” under the work, health and safety legislation. Serious injury or illness means a person requires:

- immediate treatment as an in-patient in a hospital or
- immediate treatment for:
  - the amputation of any part of the body
  - a serious head injury
  - a serious eye injury
  - a serious burn
  - the separation of skin from an underlying tissue (such as degloving or scalping)
  - a spinal injury
  - the loss of a bodily function
  - serious lacerations or
- medical treatment within 48 hours of exposure to a substance.

A serious illness includes any infection which the carrying out of work contributed to significantly, example an infection that can be linked to providing treatment to a person or coming into contact with human blood or body substances.

A dangerous incident is also notifiable under the legislation and includes:

- an uncontrolled escape, spillage or leakage of a substance



- an uncontrolled implosion, explosion or fire
- an uncontrolled escape of gas or steam
- an uncontrolled escape of a pressurised substance
- electric shock
- the fall or release from a height of any plant, substance or thing
- the collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be authorised for use under regulations
- the collapse or partial collapse of a structure
- the collapse or failure of an excavation or of any shoring supporting an excavation
- the inrush of water, mud or gas in workings, in an underground excavation or tunnel.

The **Approved Provider or Nominated Supervisor** will notify WorkCover by telephone or in writing (including by facsimile or email) as soon as possible after the injury, illness or incident. Records of the incident must be kept for at least 5 years from the date that the incident is notified. The **Approved Provide or Nominated Supervisor** must ensure the site where the incident occurred is left undisturbed as much as possible until an inspector arrives or as directed by WorkCover.

## Sources

**Education and Care Services National Regulations 2011**

**National Quality Standard**

**Work Health and Safety Act 2011**

**Work Health & Safety Regulation 2011**

**Qld First Aid in the Workplace Code of Practice**

**Safe Work Australia Legislative Fact Sheets First Aiders**

**Safe Work Australia First Aid in the Workplace Code of Practice**

**Health (Drugs and Poisons) Regulation 1996**

## Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: 22/03/2021**

**Date for next review: 22/03/2022**

## TAB B

### First Aid Kit Checklist

#### Safe Work Australia First Aid in the Workplace Code of Practice

Item	Quantity	QUANTITY AND EXPIRY DATE MET Yes / No
Instructions for providing first aid – including Cardio-Pulmonary Resuscitation (CPR) flow chart	1	
Note book and pen	1	
Resuscitation face mask or face shield	1	
Disposable nitrile examination gloves	5 pairs	
Gauze pieces 7.5 x 7.5 cm, sterile (3 per pack)	5 packs	
Saline (15 ml) 8	8	
Wound cleaning wipe (single 1% Cetrimide BP)	10	
Adhesive dressing strips – plastic or fabric (packet of 50)	1	
Splinter probes (single use, disposable)	10	
Tweezers/forceps	1	
Antiseptic liquid/spray (50 ml)	1	
Non-adherent wound dressing/pad 5 x 5 cm (small)	6	
Non-adherent wound dressing/pad 7.5 x 10 cm (medium)	3	
Non-adherent wound dressing/pad 10 x 10 cm (large)	1	
Conforming cotton bandage, 5 cm width	3	
Conforming cotton bandage, 7.5 cm width	3	
Crepe bandage 10 cm (for serious bleeding and pressure application)	1	
Scissors	1	
Non-stretch, hypoallergenic adhesive tape – 2.5 cm wide roll	1	
Safety pins (packet of 6)	1	
BPC wound dressings No. 14, medium <sup>1</sup>	1	
BPC wound dressings No. 15, large <sup>1</sup>	1	
Dressing – Combine Pad 9 x 20 cm	1	
Plastic bags - clip seal	1	
Triangular bandage (calico or cotton minimum width 90 cm)	2	
Emergency rescue blanket (for shock or hypothermia)	1	
Eye pad (single use)	4	

Access to 20 minutes of clean running water or (if this is not available) hydro gel(3.5 gm sachets)	<b>5</b>	
Instant ice pack (e.g. for treatment of soft tissue injuries and some stings).	<b>1</b>	

### Qld First Aid in the Workplace Code of Practice

Basic First Aid Kits Contents List	Quantity	QUANTITY AND EXPIRY DATE MET Yes / No
<b>Instructions for providing first aid</b> – including cardio-pulmonary resuscitation (CPR) flow chart		
<b>Adhesive strips</b> (assorted sizes) for minor wound dressing.		
<b>Splinter probes</b> (single use disposable)		
<b>Non-allergenic adhesive tape</b> for securing dressings and strapping.		
<b>Eye pads</b> for emergency eye cover.		
<b>Triangular bandage</b> for slings, support and/or padding.		
<b>Hospital crepe or conforming bandage</b> to hold dressings in place.		
<b>Wound/combine dressings</b> to control bleeding and for covering wounds.		
<b>Non-adhesive dressings</b> for wound dressing.		
<b>Safety pins</b> to secure bandages and slings.		
<b>Scissors</b> for cutting dressings or clothing.		
<b>Kidney dish</b> for holding dressings and instruments.		
<b>Small dressings' bowl</b> for holding liquids.		
<b>Gauze squares</b> for cleaning wounds.		
<b>Forceps/tweezers</b> for removing foreign bodies.		
<b>Disposable nitrile, latex or vinyl gloves</b> for infection control.		
<b>Sharps disposal container</b> for infection control and disposal purposes.		
<b>Sterile saline solution or sterile water</b> for emergency eye wash or for irrigating eye wounds. This saline solution must be discarded after opening.		
<b>Resuscitation mask</b> to be used by qualified personnel for resuscitation purposes.		
<b>Antiseptic solution</b> for cleaning wounds and skin.		
<b>Plastic bags</b> for waste disposal.		
<b>Note pad and pen/pencil</b> for recording the injured or ill person's condition and treatment given.		
<b>Re-usable ice-pack</b> for the management of strains, sprains and bruises.		