

INCIDENT, INJURY, TRAUMA & ILLNESS & ADMINISTRATION OF FIRST AID POLICY



Policy Statement

This Policy details how the Service ensures that staff possess the qualifications, knowledge, skills and training to respond to children who are unwell or have been injured, and how it communicates with parents to ensure staff can best respond to their children's identified medical needs.

To this end, the Service recognises the importance of competent First Aid in the management of injuries and illness, especially among young children. All staff are required to hold, or be enrolled to complete, First Aid, CPR, and asthma and anaphylaxis qualifications. Information about children's known medical conditions is readily accessible, as is any medication required to manage those conditions.

Strategies and Practices

- The *Incident, Injury, Trauma & Illness & Administration of First Aid Policy* is available to families upon enrolment and staff upon induction.
- The Service maintains an up-to-date record of the First Aid and CPR status of all educators, together with their anaphylaxis and asthma management training.
- First Aid kits are located so that educators can readily access them in an emergency. They are clearly labelled and kept out of the reach of children. A portable First Aid kit is available for excursions. The Service outsources the maintenance of its first aid kits to a third-party company who ensure that they are clean, expiry dates checked, and stock replenished. This occurs every six months.
- The Service maintains records of the name, address and telephone number of each child's parents, persons authorised by the parents to consent to medical treatment or ambulance transportation for the child, and the family doctor. Parents are required to inform the Service of any changes to these contact details.
- When dealing with first aid situations, staff will practice appropriate hygiene procedures such as wearing gloves when dealing with bodily fluids, disposing of gloves, used gauze/wipes/tissues, etc. appropriately after treatment.
- The Service maintains Medical Management Plans for children with identified medical conditions. These plans are updated on an annual basis and/or if a change occurs. Copies of each child's Medical Management Plan are available in strategic places throughout the Service. The Plans are strictly adhered to at all times.
- Any incident, injury, trauma and illness record that is completed by educators is placed on the child's file. These records are kept and stored confidentially until the child is aged 25 years.
- Each child's enrolment record details the persons who are authorised to:
 - Consent to the service administering medication to the child
 - Consent to the medical treatment of the child, for the approved provider, a nominated supervisor or an educator to seek –
 - i. medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and
 - ii. transportation of the child by an ambulance service
 - Be contacted in the event of an emergency
 - Authorise staff to administer the age appropriate dosage of paracetamol to their child if the child has a temperature of 38 degrees Celsius or higher
 - Authorise staff to administer the age appropriate dosage of Ventolin to their child in the event of an emergency where their child demonstrates difficulty breathing; and

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- Authorise staff to administer an Adrenaline autoinjector (EpiPen) if their child demonstrates signs of an anaphylactic reaction.

Administration of First Aid

- When an accident, injury or illness occurs, requiring staff to administer first aid, the witness to the event will:
 - Assess the situation for any further danger to themselves or others
 - Ensure no further danger is present and clear children away from the accident site if necessary
 - Depending on the severity of the injury/illness, an ambulance/emergency services will be contacted
 - Child will be comforted, appropriate first aid applied, child made comfortable and their condition closely monitored
 - Notify the Nominated Supervisor/ Responsible Person of the incident, illness, injury or trauma
 - Contact the parent or an Authorised Nominee to collect the child or to meet the child at the hospital if the ambulance has been contacted. If the parents are not available and a child needs to go to hospital by ambulance, the Nominated Supervisor or Responsible Person will designate a staff member to go with them until the parent/carer arrives. A copy of the child's enrolment form and any other relevant information will be taken to the hospital by the staff member accompanying the child.
 - Staff record the information on the Service's *Incident, Injury, Trauma and Illness Record* and parents are asked to sign the form upon collection or when appropriate.

Head Injuries

- If a child has any type of head injury whilst at the service, the following procedure will be followed:
 - Depending on the severity of the injury an ambulance will be called in the first instance
 - If no ambulance required, the Nominated Supervisor or Responsible Person will determine if the child must be collected from the service
 - Regardless of collection requirement, a courtesy phone call will be made to child's parents to inform them of the incident

Serious Incidents

- The service is required to notify the Regulatory Authority as soon as possible but no longer than 24 hours after any serious incidents occur at the service. The Education and Care Services National Regulations define 'Serious Incident' to include the following:
 - 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; or
 - ii. for which the child attended, or ought reasonably to have attended, a hospital;

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- 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
- d. Any emergency for which emergency services attended
- 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.
- If the service only becomes aware that the incident was serious afterwards, notification to the Regulatory Authority within 24 hours of becoming aware that the incident was serious will be made.

Illness

- Staff are aware of general illnesses associated with children and are guided by the National Health and Medical Research Council's document *Staying Healthy in Childcare* 5th edition. Common childhood illnesses or symptoms of illness that may require families to collect their child from the service include, but are not limited to:
 - **High fever** – a high fever in a young child can be a sign of infection, and needs to be investigated to find the cause.
 - **Drowsiness** – the child is less alert than normal, making less eye contact, or less interested in their surroundings.
 - **Lethargy and decreased activity** – the child wants to lie down or be held rather than participate in any activity, even those activities that would normally be of interest.
 - **Breathing difficulty** – this is an important sign. The child may be breathing very quickly or noisily, or be pale or blue around the mouth. The child may be working hard at breathing, with the muscles between the ribs being drawn in with each breath.
 - **Poor circulation** – the child looks very pale, and their hands and feet feel cold or look blue.
 - **Poor feeding** – the child has reduced appetite and drinks much less than usual. This is especially relevant for infants.
 - **Poor urine output** – there are fewer wet nappies than usual; this is especially relevant for infants.
 - **Red or purple rash** – non-specific rashes are common in viral infections; however, red or purple spots that do not turn white if pressed with a finger require urgent medical referral because the child could have meningococcal disease.
 - **A stiff neck or sensitivity to light** – this may indicate meningitis, although it is possible for infants to have meningitis without these signs.
 - **Pain** – a child may or may not tell you they are in pain. Facial expression is a good indicator of pain in small infants or children
- In the event of a child displaying early symptoms of a childhood illness (that isn't deemed by the Nominated Supervisor or Responsible Person as requiring immediate medical attention, but requires the child to be excluded), the following procedure will be followed:

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- Child will be separated from other children.
- First Aid administered as appropriate.
- Child made comfortable and their condition closely monitored.
- Nominated Supervisor or Responsible Person informed of situation.
- Parents will be notified and asked to collect their child as soon as possible.
- Staff record the information on the Service's *Incident, Injury, Trauma and illness Record* and parents are asked to sign the form upon collection.
- If applicable, exclusion periods and/or the requirement of a clearance from a registered medical practitioner before the child returns to care, are explained to the person collecting the child.
- The Nominated Supervisor or Responsible Person adds the illness information to the *Infectious Disease and Illness Register* located in the office.
- If an educator suspects that a child has a high temperature they will:
 - Use the thermometer available to determine if the child has a high temperature (38 degrees Celsius or higher)
 - If high temperature is present, educator will notify the Nominated Supervisor or Responsible Person. The child's parent or authorised nominee will be contacted for collection as soon as possible, preferably within the hour.
 - Child will be separated from other children
 - Child will be made comfortable and their condition closely monitored. Children who have a fever may have febrile convulsions, which are physical seizures caused by a fever. They usually last only a few seconds or minutes; however, educators must call an ambulance if they notice a child having convulsions.
 - The educator supporting the child will take off any excess clothing, provide a cool cloth to wipe down the child's face and body and make sure the child has access to water to keep them hydrated.
 - If the parent/Authorised Nominee cannot collect the child within fifteen minutes of the phone call being made, then staff will ask for verbal permission to administer the age appropriate dosage of paracetamol to the child. (Prior written authorisation for the administration of Paracetamol in the event of a high temperature is also included in each child's enrolment record.)
 - Before paracetamol is given to a child, the educator administering the medication and the educator witnessing the administration of the medication, must verify the accuracy of each of the following:
 - child's date of birth
 - name of the medication
 - dosage of the medication
 - method of administration
 - expiry date of medication
 - The educator administering the paracetamol must complete the details of the administration of the medication on the *Incident, Injury, Trauma and Illness Record* and both educators must sign the record.
 - The child must be collected within the hour if paracetamol has been administered. Upon collection of the child, the Parent/Authorised Nominee must sign the *Incident, Injury, Trauma and Illness Record*.
 - The child is not allowed to return to the service until 24 hours after they last had a fever/were last administered paracetamol.

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Pain relief

- Paracetamol can make your child's pain less severe and help them feel more comfortable; however, it will not make the cause of the pain go away and therefore may mask other symptoms that may go unnoticed.
- If a child has had pain relief or requires pain relief to get through the day at childcare, for any reason including teething, fevers, toothaches etc, then they should not be present at the service.
- If a child has had pain relief prior to attending the service and families inform staff of this, families will be required to take their child home.
- Children should not attend childcare until 24 hours after they have last been administered any type of pain relief.

Staff accidents and injuries

- Staff are to inform the Nominated Supervisor or Responsible Person as soon as possible if they have an accident or are injured at work. The staff member will be asked to complete a *Staff First Aid Report* for the Service's records. If the staff member seeks medical advice, this information should be added to the records. The staff member is also required to notify the Nominated Supervisor or Responsible Person of any application for SafeWork NSW, and to keep the Nominated Supervisor informed of any progress.
- The Nominated Supervisor will liaise with the Approved Provider's WHS representative regarding all staff incidents/injuries.

References

- *Education and Care Services National Law*
- *Education and Care Services National Regulations*
- *Guide to the National Quality Framework*
- National Health and Medical Research Council. (2012). *Staying Healthy: Preventing infectious diseases in early childhood education and care services*. 5th edition. http://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/ch55_staying_healthy_childcare_5th_edition_0.pdf
- Australian Child Care Alliance NSW - <https://nsw.childcarealliance.org.au/members/policies-required-under-regulation-168>
- https://www.rch.org.au/kidsinfo/fact_sheets/Pain_relief_for_children/
- Dr Brenda Abbey (Childcare by Design)

Policy Review

The Service encourages staff and parents to be actively involved in the review of each of its policies and procedures. In addition, the Service will accommodate any new legislative changes as they occur and any issues identified as part the Service's commitment to quality improvement. The Service consults with relevant recognised authorities, where necessary, as part of the review to ensure the policy contents are consistent with current research and contemporary views on best practice.