



## Incident, Injury, Trauma, Illness and First Aid Policy

**Policy Number:** 21  
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### Rationale and Policy Considerations

All children, employees and families within the service have a right to a safe environment that is free from hazards that may cause harm, injury or illness. The Education and Care Services National Law (WA) Act 2012 requires that approved provider/nominated supervisor take reasonable care to protect children from foreseeable risk of harm, injury and infection. Families that utilise education and care services place a high level of trust and responsibility on educators in the belief that, in their absence, their children will be kept safe and their health and wellbeing protected. All children have the right to develop to their full potential in an environment which provides for their health, safety and wellbeing. The service has a duty of care to respond effectively to accidents and emergencies that occur at the service, and to take appropriate action to prevent the spread of an infectious disease if there is an occurrence at the education and care service.

### Legislation and Government Requirements

- Federal and State Work, Health and Safety Legislation
- Education and Care Services National Law (WA) Act 2012.
- Education and Care Services National Regulations 2012.

### Needs

#### Children's

A safe environment in which to play and learn. Appropriate care in the event of an accident and protection from infection. To feel physically and emotionally well, and to feel safe in the knowledge that their wellbeing and individual health care needs will be met when they are not well.

#### Families'

To feel confident that their child's safety is being assured, and that the service is a safe place. Families expect that staff will care for their children appropriately should they become unwell while in the care of the service, and keep them informed about their child's wellbeing whilst at the service; their children will be protected from unnecessary exposure to infection.

#### Educators

A safe workplace; appropriate training in first aid (including anaphylaxis and emergency asthma management) and cardiopulmonary resuscitation (CPR), well planned and practised emergency/evacuation procedures. Appropriate allocation of resources to maintain a safe environment. Protection from infection; to receive management support through clear written policies and understanding the issues regarding the care of children who are feeling unwell; (i.e. 1 to 1 with sick child); maintain good communication with families; have specific written policies to give to families; families to take responsibility for their child when sick; current information on childhood illness, communicable and notifiable diseases and vaccinations offered to educators at risk.

#### Management

To minimise legal liability of the service and ensure safety issues are brought to their attention. Educators/staff to take action when they suspect a child is not well enough to be at the education and care service. For families to co-operate in keeping sick and infectious children away from the service.

### Scope

This policy is written for children, families, staff and visitors of Lifestreamers Childcare

## Policy Statement

The education and care service aims to provide a safe environment in which children may play in and explore their world free from harm. In the event of an accident appropriate first aid and/or CPR will be applied by trained staff.

The education and care service operates to provide care for well children, and aims to ensure a safe and healthy environment for all children in its care. The service is not able to provide the 1:1 support that the sick child requires to ensure their wellbeing, and has a responsibility not to compromise the health and safety of other children and staff members.

## Policy Principles

### Accident

- Parents/Guardians are required to provide written authority (included in the enrolment form) for educators/staff of the service to seek medical attention for their child if required.
- When a minor accident occurs at the service, educators who are qualified in first aid will follow the service's **Accident Plan**:
  - assess the injury;
  - attend to the injured child and apply first aid;
  - check that no-one has come into contact with the injured child's blood or body fluids - require these people to wash any contaminated areas in warm soapy water;
  - clean up the spill using disposable gloves if bleeding involved;
  - contact the parent/guardian (depending on the nature of the injury). If the parent/guardian is not contacted at the time of the accident they will be informed about the incident when they arrive to collect their child or within 24 hours. It is the responsibility of the documenting educator to ensure that the family has been notified of any accident;
  - write full details about the incident and the treatment given on an **Accident/Illness/Trauma Report Form**, and require the parent to sign this form to confirm their notification of the incident.
- When a serious accident, which requires more than simple first aid treatment, occurs at the service an educator who is qualified in first aid and CPR will:
  - assess the injury and recommend to the nominated supervisor whether the parent/guardian is contacted to collect the child or whether an ambulance should be called;
  - provide the child's medical record for the ambulance officer;
  - discuss with the nominated supervisor which educator will accompany the child in the ambulance;
  - ensure that any contact with the injured child's blood or body fluids has been appropriately dealt with;
  - complete a full report of the accident detailing the incident and the action taken, on an **Accident/Illness/Trauma Report Form** and require the parent/guardian to sign the form to confirm their notification of the incident within 24 hours.
  - The nominated supervisor /educator will contact the child's parents/ guardians or emergency contact person to advise them of the incident and where they may meet their child from the ambulance. Every effort will be made not to panic the parent/guardian at this stage.
  - The nominated supervisor/coordinator will arrange for emergency relief educators to attend the service so that an educator can accompany the injured child in the ambulance, or take the child to the local clinic or medical practitioner. The remaining children will be kept together until the emergency relief educator has arrived at the service.
  - The nominated supervisor will contact the approved provider to inform them of the incident and steps taken.

- If the tragedy of the death or serious injury of a child should occur whilst the child is at the education and care service, the nominated supervisor will:
  - contact the approved provider to advise them of the situation and request they notify the regulatory authority and arrange for trauma counselling for all those who may need it;
  - in the event of a child's death, contact the police, who should advise the child's parents/guardians in person and assist them with transport to the service or hospital;
  - contact the parents/guardians of the other children to advise them of an emergency, and request they arrive to collect their children as soon as they are able. On arrival parents will be advised about the death, or serious injury of the child and will be given information about trauma counselling for their child if needed;
  - at the end of the day, hold a debriefing session with all educators/staff and provide information about trauma counselling for those educators/staff who feel they need it.
- After a serious incident at the service, educators will comfort children and be aware that some children may have shock reactions to the incident. Educators will do all they can to ensure each child's health and well-being, and will apply appropriate first aid in response to children's shock reactions.
- The nominated supervisor will notify the service's insurers and also provide them with a copy of the **Accident/Illness/Trauma Report Form**.
- The approved provider/nominated supervisor will notify the regulatory authority of the death, or injury that results in a child being admitted into hospital, of an enrolled child during a care session, within one working day after the incident occurred.
- All costs incurred in ensuring prompt medical attention for a child will be met by the parents/guardians.
- Accidents which result in death or serious injury to employees must be reported to the appropriate state/territory occupational safety and health authority.
- The nominated supervisor will be responsible for completing an evaluation of all the **Accident/Illness/Trauma Report Form** at the end of each month. This is to be discussed at educator/staff meetings.
- Accidents requiring follow-up action by the centre will be documented in the maintenance or communication file.

#### First Aid

- At least one educator with a current approved first aid qualification that is appropriate to children will be on duty at the service at all times children are on the premises.
- At least one educator who has undertaken anaphylaxis management training will be on duty at the service at all times children are on the premises.
- At least one educator who has undertaken emergency asthma management training will be on duty at the service at all times children are on the premises.
- At least one fully equipped and properly maintained first aid kit will be kept at the centre in a cupboard which is out of reach of children but easily accessed by educators.
- Portable first aid kits will be kept in the evacuation/excursion bag.
- The first aid box or cabinet together with someone in charge must also comply with applicable occupational safety and health legislation.
- A cold pack will be kept in the freezer for treatment of bruises and sprains.
- Each first aid kit will be checked regularly using the service's **First Aid Kit Checklist** to ensure it is fully stocked, and that all medications are within the expiry date.
- First aid will only be administered by qualified first aiders in the event of minor accidents or to stabilise the victim until expert assistance arrives.
- Contact details for each child will be accessible.
- The telephone numbers for the Poisons Centre, Princess Margaret Hospital and Emergency services will be displayed.

## Dealing with blood and body fluids

### First Aid

- If a staff member/child has a cut or a splash to the eye, nose, mouth or exposure to blood or other body fluids through chapped, dermatitis skin, promptly wash away the contaminated blood or fluid.
- Encourage bleeding, and then wash with soap and water or copious amounts of water.
- If blood gets on the skin but there is no cut or puncture, wash with soap and water.
- If the eyes are contaminated, rinse gently while open with tap water or saline solution.
- If blood gets in the mouth, spit it out, then rinse mouth with water several times.
- The incident should be reported immediately to relevant staff and family and an accident form completed to ensure appropriate follow up.

### The Child

- When attending to an injured child who is bleeding, take care to avoid contact with the blood.
- Comfort the child and move them to safety.
- Use gloves if available. If gloves are not available, at the first opportunity get someone to take over with gloves then wash your hands with soapy water.
- Apply pressure to the bleeding area.
- Elevate the area above the heart unless suspected fracture.
- Send for first aid officer.
- When the wound is recovered and no longer bleeding, remove gloves. Put gloves in a plastic bag and place in a rubbish bin.
- Wash your hands with soap and water.

### The First Aid Officer

- Wear gloves if there is time.
- Dress the child's wound with a bandage or suitable substitute and seek medical assistance.
- Remove gloves, place in a plastic bag and put in rubbish bin.
- Wash hands thoroughly with soap and water.

### Cleaning of spilt blood or body fluids

- Wear gloves
- Remove as much of the matter as possible using paper towels or tissues, then put them in a plastic bag, tie and discard it.
- Mop over hard surfaces with warm water and detergent and allow to dry.
- On mats, sponge area thoroughly with warm water and soap, followed by rinsing and airing to dry.
- On cushions, remove cover, rinse and put in wash. Spray the cushion with diluted disinfectant and leave to air dry.
- Wash hands thoroughly with soap and water.
- Dilute disinfectant on day of use.

### Gloves

- All staff must wear gloves when in contact with spilt bodily fluids or open sores, when handling clothes, bedding or equipment, which has been soiled by body fluids, or when cleaning contaminated areas.
- You shall wear gloves if you have a break in the skin of your hands, or if you have dermatitis or eczema.
- When you have removed gloves, always wash your hands with soap and water.

## Illness

### Management of unwell children

- To safeguard the health of other children and staff members, sick children, as defined below, cannot be admitted to the centre.
- A child who has any of the following symptoms cannot be admitted to the service:
  - ear, eye or discoloured nasal discharge;
  - an undiagnosed rash;
  - high temperature; (see High Temperature Indicator below)
  - infectious sores or diseases; (children need a Doctor's clearance before re-admittance)

- vomiting and/or abnormally loose bowel actions for that child (exclude for 24 hours after last bout). Our service will contact their local public health unit when 2 or more children or staff present with a gastroenteritis illness at the same time.
- any obvious signs of ill health (children with asthma - obvious difficulty breathing, barking cough, rib retraction etc.).
- Staff with symptoms listed above will not attend work or will be replaced and sent home if they start to display these symptoms while at work. If a staff member has a work-caused illness it will be notified to the WHS regulator as required by work health and safety legislation.

#### Onset of illness at the centre

- If a child becomes unwell whilst at the service, the parents/guardians will be notified and asked to pick the child up and remove him or her from care within one hour. All illness at the service is recorded on an **Accident/Illness/Trauma Report Form**.
- If parents/guardians and/or emergency contacts cannot be contacted or cannot collect the child, relief educators will be employed to care for the child at the parent/guardian's expense. This is to ensure the child can be properly cared for away from the other children (thus reducing the risk of spread of any infection), and the required educator:child ratios are maintained for the remainder of the children in care. This information will be provided to families at the time of enrolment.
- *NB food handlers should not care for sick children.*
- If a child has a temperature over 38.0 degrees and is also displaying signs of ill health such as drowsiness, paleness, breathing difficulty, less urine than usual or any of the symptoms listed in the exclusion criteria above, the child's parent/guardian will be notified and asked to take the child home. If the parent/guardian cannot attend to collect the child, an ambulance will be called. While waiting for the ambulance educators will take physical steps to try to reduce the child's temperature i.e. removing excess clothing, laying child in a cool place, encouraging the child to drink cool water etc.

#### High Temperature Indicator

- *The temperature 37.2 degrees centigrade is the lower end of the range of temperatures classed as high by medical practitioners. Individual services may decide to monitor the child who has a temperature of 37.2 degrees and when the temperature reaches 37.5 - 38 degrees, call the ambulance if the parent/guardian has not arrived to collect the child. However, if other symptoms are present it may be imperative to call the ambulance earlier. Over the counter (OTC) medication should NOT be administered to the child with a temperature (except where the child is known to be teething). Medical authorities warn that identifying the cause of a high temperature is vital and that administration of OTC medications may mask signs of serious illness.*
- *It is recommended that digital thermometers are most appropriate for the child care setting. Mercury thermometers are no longer used with small children due to risk of breakage and leakage of mercury. Aural (in the ear) temperatures are quick and easy to take but accurate readings depend on the use of a good technique.*
- Where a parent/guardian is asked to seek medical advice regarding their child's health, the service will provide (for the Doctor's information), details about the child's symptoms and any illnesses that have recently affected children or educators/staff attending the service. All names other than the said child will be kept confidential. The Doctor will be asked to complete a **Doctor's Clearance Certificate Form** to pronounce the child fit for child care and that other children are not at risk of infection through exposure to this child, before the child can return to the centre.
- In the event of an outbreak of a communicable disease at the service, educators, staff, families, visitors and the local public health unit will be notified immediately and in accordance with the NHMRC recommended notifiable diseases, to help minimise the number of children or staff that become unwell.

## Teething

- Parent/guardians should advise the educator when their child is teething so that the child's needs are met.
- When the child who is teething becomes unwell and displays symptoms which include: high temperature, flushed cheeks, drooling, the service will contact the parent/guardian and suggest the child be collected.

## Information for Families

- Children in the education and care service are at greater risk of catching coughs and colds because of increased exposure to infections in the group care setting. The service will therefore provide information to families about infection control requirements of the service, e.g. hand hygiene, respiratory etiquette.
- The service acknowledges that medications contain potent chemical active agents which affect the body's metabolism and should be treated with due respect and care at all times, and will encourage families to only use over the counter medications when directed to do so by their child's doctor.

## Related Documents

- **Accident/Illness/Trauma Report**
- **Accident/Illness Evaluation Form**
- Educator/staff Code of Ethics
- **Evaluation of Emergency Evacuation Drill Form**
- **First Aid Kit Checklist**
- **Authority to Administer Medication Form**
- **Doctor's Clearance Certificate Form**

## Links to other policies

- Educator/Staff Dress Code
- Health, Hygiene and infection Control
- Maintenance of a Safe Environment
- Medications and Medical Conditions
- Occupational Safety and Health
- Records Management
- Sun Protection
- Supervision
- Use of Tobacco, Alcohol and other Drugs

## Sources

National Health and Medical Research Council - *Staying Healthy in Child Care - 4<sup>th</sup> Edition 2005* - Retrieved 20 March 2012, from [www.nhmrc.gov.au/files\\_nhmrc/publications/attachments/ch43.pdf](http://www.nhmrc.gov.au/files_nhmrc/publications/attachments/ch43.pdf)

[www.pscalliance.org.au](http://www.pscalliance.org.au)

## Further Sources

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Joanna Briggs Institute - *Management of the Child with Fever - Evidence Based Practice Information Sheet for Health Professionals* - Retrieved April 4, 2011, from <http://connect.jbiconnectplus.org/ViewSourceFile.aspx?0=4323>

National Institute of Neurological Disorders and Stroke - *Febrile Seizures Fact Sheet* - Retrieved April 4, 2011, from [http://www.ninds.nih.gov/disorders/febrile\\_seizures/detail\\_febrile\\_seizures.htm?css=print](http://www.ninds.nih.gov/disorders/febrile_seizures/detail_febrile_seizures.htm?css=print)

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#### Document History

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