



FIRST AID, INCIDENT, INJURY, TRAUMA AND ILLNESS POLICY

POLICY RATIONALE

Gordon OHSC believes that the health and safety of its stakeholders are paramount and aims to reduce the risk of incidents, accidents and injuries from occurring. When these situations do occur, our team respond with a duty of care to deal with the incident, accident or injury appropriately, as guided by the active implementation of this policy.

In the event of an incident, injury, trauma or illness, the child's wellbeing is of the utmost importance. Educators will act immediately to contain the situation to ensure the safety and wellbeing of all. First aid will be administered immediately by educators to ensure the best outcome and medical assistance will be sought as required.

Definition of Incidents and Serious Incidents

Incidents are those events which have the potential to:

- Be a threat to the safety or wellbeing of the children and/or Team Members or community;
- Cause a complaint to be lodged;
- Result in the assistance of Emergency Services;
- Result in press release;
- Result in notification to children's protective Services; or
- Have the potential for legal action or insurance claims.

The definition of a serious incident is as stated in Regulation 12 of the Education and Care Service National Regulations (2011).

POLICY OBJECTIVES

This policy is designed to set out the procedures that will be followed so that educators clearly understand their responsibilities both during and after an incident.

This includes required documentation and reporting that must occur to both Gordon OHSC coordinator and the Regulatory Authority (Department of Education and Training)

PROCEDURES

- Gordon OHSC has a duty of care to all children enrolled in the program. Therefore, if a child is unwell, the parent/ guardian will be asked to keep the child at home. In the event a child becomes ill at the service, parents/ guardians will be telephoned, and they will be asked to pick up their child if it is necessary, in the interests of the health, safety or well-being of that child or other children and educators at the program. It is not possible to provide 1:1 care to a sick child for extended periods, and it is important to minimise the spread of infection in the service.

- Children are to be adequately supervised at all times to ensure prompt attention in the case of an incident or the onset of an illness.

- First aid is administered as quickly and effectively as possible to prevent any serious harm or secondary issues. Educators on duty are to ensure other children in the program are kept safe.

Reporting and Documentation

- Incidents, illness, injuries and trauma will be recorded in compliance with Regulation 87 of the Education and Care Service National Regulations (2011) for all other jurisdictions.
- Incidents, illness, injuries and trauma are recorded in as much detail as possible, using diagrams if necessary, to back up the written report, with the child's and families' privacy and confidentiality always maintained.
- All incidents, illness and injuries are to be reported to the Service Coordinator/Director immediately, so that when they are approached by the family, they can discuss any details on the accident, incident or injury with them.
- The Service Coordinator/Director is responsible for the parent/guardian to sign the Incident Report form and to provide all documentation to their Principal at the end of the session (text if not available).
- Due to confidentiality laws, the name of only the child for whom the incident report was written for, can be documented in the report. Therefore, the names of other children involved in an incident will not be released in a report. If during an incident a child or children are hurt or injured, a separate accident report for each child injured is to be filled out in addition to the incident report or reports. If more than one child is involved in an incident, then separate incident reports for each child involved in the incident should be completed.
- Incidents, illness, injuries and trauma will be reported to the relevant Regulatory Authority in compliance with Regulation 176 of the Education and Care Service National Regulations (2011). The National Quality Agenda (NQA) IT System provides a portal for Services to report serious incidents to the relevant Regulator Authority online. The National Regulations intend to ensure that regulatory authorities are notified of incidents that seriously compromise the health, safety or well-being of children. The regulatory authority is then able to take appropriate action.

Management of Minor incident, injury, trauma or illness

In the case of a minor incident, injury, trauma or onset of illness, educators will:

1. Assess the injury.
2. Attend to the child and an educator with current approved first aid qualifications in first aid, asthma and anaphylaxis management training, will apply first aid as required.
3. In the event of a blood spill or contact with bodily fluids, staff will be required to follow the procedures outlined in the Gordon OHSC Infection Control Policy.
4. Monitor the injured/ill child and inform the Service Coordinator/Director of any changes in the child's condition
5. Notify the parent/guardian as soon as is practicable, If the parent/guardian is not contacted at the time of the event, they will be informed about the incident when they arrive to collect the child. This is not to be later than 24 hours after the occurrence about the nature of the incident, injury, trauma or illness.
6. As soon as is practicable, educators will document the details of the incident, injury, trauma or illness on the Gordon OHSC Incident, injury, trauma and illness record. This will include the following areas completed in full

- Details of person completing this record
- Child details
- Incident details
- Action Taken
- Notifications: Time and date that the parent, guardian or authorised nominee was notified of the occurrence (either by telephone during the program operations or on collection) or attempted to be notified.
- Parental acknowledgement: Educators will ask the parent/guardian to sign this document on arrival to collect the child. The Parent/guardian will be given a copy of the record on request.
- Any children with injuries involving blood must always have the wound covered.
- No medication will be administered to children without the written permission of their parents/guardians or verbal permission from a medical practitioner.
- Any injuries to a child's head, face, neck or back must be reported via a phone call to their parents/guardians immediately. Text messages and voice messages are not appropriate in this instance but may be sent/left to ask for parents/guardian to phone the Service if they cannot be reached by phone.
- Parents /guardians will be notified of any other illnesses/injuries which are deemed to be more than minor but which do not require professional treatment in compliance Regulation 86 of the Education and Care Service National Regulations (2011).
- Following a head injury or vomiting, an emergency procedure for dealing with serious injuries must be followed.

Serious Incident, injury, trauma or illness

A serious injury is when an injury requires additional medical attention other than basic First Aid. When a serious accident which requires more than simple First Aid treatment occurs at a Gordon OHSC Service, an Educator who is qualified in First Aid and CPR will:

Meaning of serious incident

12 MEANINGS OF SERIOUS INCIDENT:

For the purposes of the definition of "**serious incident**" in section 5(1) of the Law, each of the following is prescribed as a serious incident—

- 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; Example : A broken limb.

(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; Example : Severe asthma attack, seizure or anaphylaxis reaction.

(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.

When a serious incident occurs, which requires more than first aid treatment, an educator with current approved first aid qualifications in first aid, asthma and anaphylaxis management training, will:

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Management of Serious incident, injury, trauma or illness

In the case of a minor incident, injury, trauma or onset of illness, educators will:

1. Remember to stay calm, reassure, assess the situation and seek assistance.
2. Attend to the child and an educator with current approved first aid qualifications in first aid, asthma and anaphylaxis management training, will apply first aid as required.
3. A Team Member is to contact an ambulance immediately if the accident or injury requires more than the administration of basic First Aid.
4. Ensure that the injured child remains comfortable.
5. A designated Team Member is to closely monitor the injured child, while it may be applicable to inform their Principal of any changes in the child's condition. Due to child/adult ratios, It may be necessary to bring the rest of the children together in a common area with low-risk activities.
6. In the event of a blood spill or contact with bodily fluids, staff will be required to follow the procedures outlined in the Gordon OHSC Infection Control Policy.
7. Monitor the injured/ill child and inform the Service Coordinator/Director of any changes in the child's condition.
8. Notify the parent/guardian as soon as is practicable, If the parent/guardian is not contacted at the time of the event, they will be informed about the incident when they arrive to collect the child. This is not to be later than 24 hours after the occurrence regarding the nature of the incident, injury, trauma or illness.
9. As soon as is practicable, educators will document the details of the incident, injury, trauma or illness on the Gordon OHSC Incident, injury, trauma and illness record. This will include the following areas completed in full:
 - Details of person completing this record
 - Child details
 - Incident details
 - Action Taken

- **Notifications:** Time and date that the parent, guardian or authorised nominee was notified of the occurrence (either by telephone during the program operations or on collection) or attempted to be notified.

- **Parental acknowledgement:** Educators will ask the parent/guardian to sign this document on arrival to collect the child. The Parent/guardian will be given a copy of the record on request.

10. Notify the Service Principal and Gordon OHSC Head Coordinator of any serious incident immediately so appropriate documentation can be completed and the Regulatory Authority notified within the prescribed time frames required of 24 hours (R 176).

Illness Procedure

When a child becomes ill at the program, educators will:

- Settle the child in a quiet area.
- Contact the parent/guardian and ask for the child to be picked up within a reasonable time frame.
- Telephone an authorised nominee to collect the child if they are unable to contact a parent/guardian.
- Parents/guardians will be asked to notify Gordon OHSC if the illness is a result of an infectious disease and the parents will be required to keep the child at home by recommendations on the DHHS Exclusions Table.
- Ask parents to consider the safety and wellbeing of others before bringing the child back to the service.
- Further information can be provided to the family from Staying Healthy in Child Care (the current edition) to detail the specific illness symptoms, causes and exclusion periods recommended. This information can also be provided to other families who may be concerned about an outbreak of any illness.

Head Injuries

Terms relating to head injuries:

- **Acquired Brain Injury (ABI)** – an injury to the brain that has occurred at any time after birth. Causes of ABI can include infection, stroke or injury.
- **Concussion** – a traumatic brain injury that alters the way the brain functions. Effects of concussion are usually temporary but can include altered levels of consciousness, headaches, confusion, dizziness, memory loss of events surrounding the injury, and visual disturbance.
- **Convulsion, seizure or fit** – this can occur when there is a momentary imbalance within the electrical and chemical circuits in the brain. The imbalance may create a temporary disturbance in the way the brain controls awareness and responsiveness and may cause unusual sensations and/or abnormal movements and postures.
- **Loss of consciousness** – a time when a person is unable to open their eyes, speak or follow commands. They have no awareness of stimulation from outside their body.
- **Traumatic head injury** – an injury caused by an impact to the head.

GENERAL PROCEDURES

It is common for children to bang or bump their head and it can sometimes be difficult to tell whether an injury is serious or not. Many head injuries are not serious and simply result in a bump or bruise. Occasionally, head injuries can result in damage to the brain.

Any knock to the head that causes lumps, bruises, cuts or more severe injuries is classified as a head injury. If a child has received an injury to the head, they should see a Doctor. Parents/guardians are to be notified immediately.

Seek medical help immediately by calling an ambulance on 000 if:

- The child has had a hard knock to the head, such as falling off something;
- The child loses consciousness (passes out); or
- The child seems unwell and vomits several times after hitting their head.

SIGNS AND SYMPTOMS OF A HEAD INJURY

The symptoms experienced after a head injury are used to determine how serious the injury is. Head injuries can be classified as mild, moderate or severe. The information below is a guideline. If any of these symptoms are evident in the child/team member following an injury to the head, please seek medical assistance.

A mild head injury/concussion is when the child:	A moderate head injury is when the child:	A severe head injury is when the child:
<ul style="list-style-type: none"> • <i>May display an altered level of consciousness.</i> • <i>Is alert or interacts with you.</i> • <i>May have vomited.</i> • <i>May have bruising or cuts on their head.</i> • <i>Is otherwise normal.</i> <p>You should seek medical advice if any of the above symptoms are concerning you; otherwise, continue to observe your child for any of the signs and symptoms listed as moderate and severe head injuries.</p>	<ul style="list-style-type: none"> • <i>Has lost consciousness for a brief period.</i> • <i>Is alert and responds to your voice.</i> • <i>Has vomited two or more times.</i> • <i>Has a persistent or a recurring headache.</i> • <i>Experiences visual disturbance.</i> • <i>May have had one brief seizure, convulsion or fit straight after the head injury.</i> • <i>May have a large bruise, lump or cut on their head.</i> • <i>Has confusion, loss of orientation to person, place or time, or memory loss.</i> <p>You should call 000 for an ambulance immediately.</p>	<ul style="list-style-type: none"> • <i>Has lost consciousness for a prolonged period or has an ongoing decreased conscious state.</i> • <i>Experiences visual disturbance.</i> • <i>Is drowsy and does not respond to your voice.</i> • <i>Have other significant head injury signs, such as unequally sized pupils or arm and leg weakness.</i> • <i>Has something stuck in their head.</i> • <i>Has a second seizure, convulsion or fit, other than a single brief one when the injury happened.</i> • <i>Has confusion or loss of orientation to time, person or place, or memory loss.</i> <p>You should call 000 for an ambulance immediately.</p>

ACTION PLAN WHEN AN AMBULANCE IS NEEDED

- Call **000** for an ambulance. Have service location details available.
- Please note that if calling emergency Service from the mobile phone you can dial 112 without entering the pin code and you will be connected to '000' operator. You can also do this without the SIM card inserted.
- Have a trained First Aid educator attend to the child.
- If possible, relocate children in the area to another area.
- Follow any direction as given by the ambulance. If possible, send a team member to meet the ambulance at the entrance.
- Collect a copy of the child's enrolment record, so the child's health information is available to paramedics.
- The Service Coordinator/Director will contact the child's parents/guardians or authorised nominee to advise them of the incident and where they may meet their child in the ambulance. Every effort will be made to deal with the situation in a calm and efficient manner.
- Contact the school principal. They are always available to support, offer guidance and attend the service.
- If possible (due to educator to child ratios), send an educator and a copy of the child's medical records with the child in the ambulance; leave the address of the hospital you will be going to with the service.

There must always be a person in day to day charge at the service with the children.

- Where practicable, the Principal will endeavour to attend the service. Where this is not possible, they will ensure the rearranging of staffing, or where possible for emergency relief Educators to attend the Service, so that an Educator known to the child can accompany the child in the ambulance. However, time constraints, may not make this possible. Team Members may seek assistance from the School where possible if required.
- Any costs incurred in ensuring prompt medical attention for a child will be met by the parents/guardians.
- The incident will be documented on an Incident, Injury, Trauma or Illness Record before the end of the session and forwarded to the principal at Gordon.ps@edumail.vic.gov.au .

Trauma, Serious Injury and/or Death

- If the tragedy of the death, trauma or serious injury of a child should occur while the child is at the Service, the Coordinator will:
 - Contact Emergency Services (police/ambulance), who should advise the child's parents/guardians in person and assist them with transport to the Service or hospital; and
 - Contact the Principal to advise of the situation and request they notify the relevant regulatory authority.
- 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 wellbeing and will apply appropriate First Aid in response to children's shock reactions if required.

- If required the Principal will organise for families of the other children to be contacted to advise them of an emergency and request they arrive to collect their children as soon as they are able. On arrival, families will be advised about the serious injury/death of the child and will be given information about trauma counselling for their child if needed.

- The Principal will facilitate a debriefing session with all Team Members and provide information about trauma counselling for those who feel they need it. This may require the support of a Professional Counsellor.

After a death or serious incident at the Service:

- The incident will be documented in compliance with Regulation 87 of the Education and Care Service National Regulations (2011).

- The incident will be reported to the relevant Regulatory Authority by the Quality and Compliance Manager in compliance with Regulation 176 of the Education and Care Service National Regulations (2011).

- All costs incurred in ensuring prompt medical attention for a child in this circumstance will be met by the parents/guardians.

- Gordon OHSC maintains a register of incident, illness, trauma which is accessible to the Service Coordinator/ Director, Principal for evaluation.

- The Quality and Compliance Manager and the Operations Manager will be responsible for completing an evaluation of all the incident/Illness/Trauma reports which are discussed at team meetings.

REFERENCES

ACECQA National Quality Framework Resource Kit (2012)

Quality Area 1 – Educational Program and Practice.

Quality Area 2 – Children's health and safety

Staying Healthy in Child Care (5th Edition)

Education and Care Services National Law Act (2010), S 168, S 167

Education and Care Services National Regulations (2011), R 85, 86, 87, 89, 174, 175 & 176

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