



# FIRST AID, INCIDENT, INJURY, TRAUMA AND ILLNESS POLICY

## POLICY RATIONALE

TeamKids 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 health, safety or wellbeing of the children and/or Team Members or community.
- Cause a complaint to be lodged.
- Result in the service requiring the assistance of Emergency Services.
- Result in media attention.
- 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 R12 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 TeamKids Head Office and the relevant Regulatory Authority.

# FIRST AID, INCIDENT, INJURY, TRAUMA AND ILLNESS POLICY

## PROCEDURES

### INCIDENT, INJURY OR TRAUMA

- 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.
- In some circumstances, the service Emergency Management Plan will need to be implemented. This will be done with the support of the Regional Manager, to whom the service Responsible Person will contact.
- During an incident or if a child is involved in an injury or trauma, the service will consider any medical conditions listed on the child's enrolment record. This may also include medical management plans as well as the combined risk minimisation and communication plan. Any strategies listed in these documents, will be followed where appropriate for that child, or according to advice provided by a medical professional.

### FIRST AID KITS

- The service will maintain a suitably stocked first aid kit available at all times in an identifiable position either in the service kitchen if it adjacent to the children's indoor space, or in the administration area, if the kitchen is located away from the children's indoor space.
- There will be a smaller kit for use when children are engaging in experiences outdoors. If the services utilise multiple outdoor spaces, a secondary kit may be required.
- The Responsible Person is required to ensure all educators will be shown where first aid kits are kept and how to access them at any time at the commencement of their first shift at the service.
- The Responsible Person is responsible to ensure the portable first aid kit is taken on all excursions and that it is stocked with any required medication for children attending that excursion. Details of this is added to the back pages of the Risk Assessment for each individual excursion.
- The Director of Service is responsible for ensuring the first aid kit is fully stocked at all times and for checking expiry dates on a regular basis, to ensure all items are within expiry dates. These items are ordered from the TeamKids resource store at any time.

First Aid kits are required to have the following included at a minimum (Larger services will require multiples of these items):

- 3x cleaning pads
- 1x triangular sling
- 3x non-adherent pads
- 2x gauze dressing pads
- 1x abdominal pad
- 1x conforming gauze roll
- 10x 76mm Band-Aids
- 10x 56mm Band-Aids
- 1x scissors
- 20x cotton swabs
- 2x vinyl gloves
- 1x surgical tape roll

- EpiPen x1
- Ventolin x1
- Ventolin space chamber
- SPF 50+ Sunscreen in excursion first aid kit
- Blue Band-aids
- Disposable Ice Packs x 4
- Sick bags for excursions

## 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, on the TeamKids – Incident, Injury, Illness or Trauma record.
- The approved provider of an education and care service must ensure that a parent of a child being educated and cared for by the service is notified as soon as practicable, but not later than 24 hours after the occurrence, if the child is involved in any incident, injury, trauma or illness while the child is being educated and cared for by the education and care service.
- Incidents, illness, injuries and trauma are recorded in as much detail as possible, using diagrams, if necessary, to back up the written report, with privacy and confidentiality always maintained.
- All incidents, illness, injuries and/or trauma witnessed by an educator, are to be reported to the Responsible Person immediately, so that when they are approached by the family, they can discuss any details on the accident, incident or injury with them.
- The Responsible Person of the service is responsible for notifying the parent/guardian or authorised nominee of the incident, injury, illness or trauma. Where appropriate, the responsible person will ask that the parent/guardian to sign the Incident Report form. This can be done on a later date if the parent/guardian or authorised nominee is not able to sign the form on the day. All documentation must be provided to the service Regional Manager by the end of the session in which the incident, injury, trauma or illness occurs. The Regional Manager will review the document to ensure it is accurate and contains the required information, then submitting the report to the Quality & Compliance Team.
- 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 included in a report. If another child or children are involved in an incident, injury, trauma or illness, a separate report for each child is to 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.



# FIRST AID, INCIDENT, INJURY, TRAUMA AND ILLNESS POLICY

## 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 TeamKids Infection Control Policy.
  4. Monitor the injured/ill child and inform the Responsible Person of any changes in the child 's condition.
  5. Notify the parent/guardian or authorised nominee as soon as is practicable, If the parent/guardian or authorised nominee 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 TeamKids Incident, injury, trauma and illness record. This will include the following areas completed in full:

Name and age of the child.

Circumstances leading to the incident, injury or trauma.

The time and date the incident occurred, the injury was received, or the child was subjected to the trauma.

Details of any illness which becomes apparent while the child is being educated and cared for by the education and care service, including:

- The name and age of the child,
- The relevant symptoms surrounding the child becoming ill and any relevant symptoms.
- The time and date of the apparent onset of the illness.

Details of any action taken by the service, including:

- Any medication administered or first aid provided.
- Any medical personnel contacted.

Details of any witness

The name of any person the service notified or attempted to notify of any incident, injury, trauma or illness.

The time and date of the notification or attempted notification.

The name and signatures, as well as the time and date of the person making the notification.

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- Any children with injuries involving blood must always have the wound covered.
  - No medication will be administered to children without the consent of their parents/guardians or authorised nominee or verbal direction 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.

# FIRST AID, INCIDENT, INJURY, TRAUMA AND ILLNESS POLICY

## 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 TeamKids Service, an Educator who is qualified in First Aid, CPR, Asthma and Anaphylaxis, will:

- Determine what first aid/action is required.
- Determine if emergency services are required to attend to the child/service.

## 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.



# FIRST AID, INCIDENT, INJURY, TRAUMA AND ILLNESS POLICY

## 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 Regional Manager of any changes in the child's condition. Due to educator to child 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 TeamKids Infection Control Policy.
7. Monitor the injured/ill child and inform the Responsible Person of any changes in the child 's condition.
8. Notify the parent/guardian or authorised nominee as soon as is practicable, If the parent/guardian or authorised nominee, 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 TeamKids Incident, injury, trauma and illness record. This will include the following areas completed in full:
  - Name and age of the child.
  - Circumstances leading to the incident, injury or trauma.
  - The time and date the incident occurred, the injury was received, or the child was subjected to the trauma.
  - Details of any illness which becomes apparent while the child is being educated and cared for by the education and care service, including:
    - The name and age of the child,
    - The relevant symptoms surrounding the child becoming ill and any relevant symptoms.
    - The time and date of the apparent onset of the illness.
  - Details of any action taken by the service, including:
    - Any medication administered or first aid provided.
    - Any medical personnel contacted.
  - Details of any witness
  - The name of any person the service notified or attempted to notify of any incident, injury, trauma or illness.
  - The time and date of the notification or attempted notification.
  - The name and signatures, as well as the time and date of the person making the notification.
10. Notify the Service Regional Manager or if the service cannot contact the Regional Manager, TeamKids Head Office 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.

# FIRST AID, INCIDENT, INJURY, TRAUMA AND ILLNESS POLICY

## 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.

**Following a head injury or vomiting as a result of a hit to the head, an emergency procedure for dealing with this injury, must be followed and further actions as detailed below:**

## 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 a more serious injury and/or damage to the brain.

A minor head injury may result from any knock to the head that causes lumps, bruises, nausea, mild headache or dizziness.

A more severe head injury may require assessment by a doctor/medical practitioner. Parents/guardians or authorised nominee are to be notified immediately.

There is no need to stay awake following a head injury. The child can be woken gently every 4 hours to make sure they respond normally. If they do not respond normally, contact 000. This is only applicable if the child usually sleeps at the time, for example at night or nap times, not if they appear tired at an unusual time, such as immediately following a head injury or any kind.

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**Seek medical assistance immediately by calling an ambulance on 000 if there are signs of a serious head injury, such as:**

- The child has had a hard knock to the head, such as falling off something.
- The child fall involves high speed or a fall from more than 1m.
- There is something stuck in the child's head.
- There is bleeding that is difficult to stop.
- The child loses consciousness (passes out), has a loss of memory, or appears drowsy or does not respond.
- The child appears unwell and/or vomits more than once after hitting their head.
- The child is dazed, shocked, dizzy, displays a lack of balance, is confused or disorientated.
- The child has trouble seeing, hearing or speaking properly.
- The child has a headache that is getting worse and/or won't go away with paracetamol.
- The child has severe bleeding from the head or face.
- The child has blood or fluid leaking from their nose or ears.
- The child has blurred vision or unequal pupils.
- The child has weakness in their arms or legs.
- The child has a seizure.
- The child has difficulty eating or drinking.
- The child stops breathing.

While waiting for an ambulance, the educator should monitor the child's breathing and circulation; and perform CPR if required.

If they are conscious, do not move them, as they may have a spinal injury, unless CPR is required. If they are wearing a helmet, do not remove it.

## 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 and is to be used in partnership with the details listed above, that will trigger a call to medical assistance or an ambulance.

### **A mild head injury/concussion is when the child:**

- May display an altered level of consciousness for a short period of time.
- Is alert or interacts with you.
- May have vomited once.
- May have bruising or cuts on their head.
- Is otherwise normal.

**You should seek medical advice if any of the above symptoms are concerning you; otherwise, continue to observe the child for any of the signs and symptoms listed as moderate and severe head injuries.**

### **A moderate head injury is then the child:**

- Has lost consciousness for a brief period.
- Is alert and responds to your voice.
- Has vomited two or more times.
- Has a persistent or a recurring headache.
- Experiences visual disturbance.
- May have had one brief seizure, convulsion or fit straight after the head injury.
- May have a large bruise, lump or cut on their head.
- Has confusion, loss of orientation to person, place or time, or memory loss.

**You should call 000 for an ambulance immediately.**

### **A severe head injury is when the child:**

- Has lost consciousness for a prolonged period or has an ongoing decreased conscious state.
- Experiences visual disturbance.
- Is drowsy and does not respond to your voice.
- Have other significant head injury signs, such as unequally sized pupils or arm and leg weakness.
- Has something stuck in their head.
- Has a second seizure, convulsion or fit, other than a single brief one when the injury happened.
- Has confusion or loss of orientation to time, person or place, or memory loss.

**You should call 000 for an ambulance immediately.**

### **Illness Procedure**

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

- Settle the child in a quiet area.
- Children are to be adequately supervised at all times to ensure prompt attention/assessment of any changes in the child's condition.
- Contact the parent/guardian or authorised nominee and ask for the child to be picked up within a reasonable time frame. 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.
- Telephone an authorised nominee to collect the child if they are unable to contact a parent/guardian.
- Parents/guardians or authorised nominee will be asked to notify TeamKids if the illness is a result of an infectious disease and the parents will be required to keep the child at home by recommendations provided by the relevant State Health Authority.
- Further information can be provided to the family from Staying Healthy in Child Care (5<sup>th</sup> 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.
- TeamKids 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. TeamKids encourage parents/guardians to consider the safety and wellbeing of others before bringing the child back to the service.
- A sign is placed at the main entrance of the service to inform all families if a child has been diagnosed with an infectious illness.

# FIRST AID, INCIDENT, INJURY, TRAUMA AND ILLNESS POLICY

## 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 Responsible Person 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 service Regional Manager. The Regional Manager is 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. If this is not possible due to educator to child ratios, the child may travel alone in an ambulance in the event of an emergency. **There must always be a Responsible Person at the service with the children.**
- Where practicable, the Regional Manager will endeavour to attend the service. Where this is not possible, the Regional Manager 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, due to rostering, Team Member availability and time constraints, this is not always possible. Team Members may seek assistance from the school in which the service is located where possible if required, to travel with a child who may otherwise be transported alone in an ambulance, if the child usually attends that school.
- Any costs incurred in ensuring prompt medical attention for a child will be met by the parents/guardians as per the enrolment record terms and conditions.
- The incident will be documented on an Incident, Injury, Trauma or Illness Record before the end of the session and forwarded to the Regional Manager, who will review the document for accuracy and completion. The Regional Manager will then submit this to the Quality & Compliance team.

## 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 Responsible Person will:
  - Contact Emergency Services (police/ambulance), who may then advise the child's parents/guardians in person and assist them with transport to the service or hospital; and
  - Contact the Regional Manager to advise of the situation and request they notify the relevant regulatory authority.
- Educators will comfort remaining children and be aware that some children may have shock reactions to the incident. This is especially important for siblings of the child or witnesses. 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 Regional Manager will organise for families/guardians 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/guardians will be advised about the serious injury/death of a child and will be given information about trauma counselling for their child if needed.

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- The Regional Manager and Operations Manager 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 and the TeamKids Employee Assistance Program (EAP).

## **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 National 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.
- TeamKids maintains a register of incident, illness, trauma which is accessible to the Responsible Person, Regional Manager and Operations Manager for evaluation.
- The National 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

Health Direct – Head Injuries Information sheet - <https://www.healthdirect.gov.au/head-injuries>

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