



## 2.2 Incident, Injury, Trauma, Illness, Fever, Minor Ailments and First Aid

**Applies to:** All Koorana staff working in Preschools, families attending Koorana Preschools and visitors.

**Purpose**

1. To ensure swift effective access to medical care for any child, parent, staff member, visitor, student, volunteer or member of the general public should injury or sudden illness occur.
2. To ensure the health and safety of a child with a fever.
3. To ensure that children experiencing discomfort due to pain are adequately cared for.
4. To ensure that children are cared for in a safe environment and that procedures are in place to access medical treatment for an injured or ill child.
5. To ensure that those required to be notified of an accident or injury to a child in care are duly notified in a systematic and effective manner.
6. To ensure the child's parents or guardians as well as relevant government bodies are informed in a timely manner.

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**Approved by: CEO**

**Policy context:** This policy relates to

Standards or other external requirements	National Quality Standards – Quality Area 2 – Standard 2.3, Elements 2.3.1, 2.3.2, 2.3.3
Legislation or other requirements	<p>Children (Education and Care Services National Law Application) Act 2010</p> <p>Education and Care Services National Regulations [Regulation 85; (2)(a)(vi) &amp; (b) under Regulation 168]</p> <p>Work Health and Safety Act 2011</p> <p>Work Health and Safety Regulation 2011</p> <p>Public Health Act 1991 (NSW)</p>



Contractual obligations	N/A
Resources	Staying Healthy in Childcare, NHMRC, 5th edition, 2012 The Children’s Hospital Westmead – Parent fact sheet, febrile convulsions

Documents related to this policy	
Related policies	<a href="#">2.1 Medication</a> <a href="#">2.3 Medical Conditions - Asthma, Anaphylaxis, Diabetes and other Medical Conditions</a> <a href="#">2.4 Child Safe Environments</a> <a href="#">2.12 Management of Critical Incidents</a>
Forms, record keeping or other organisational documents	<a href="#">When medical attention is required flowchart</a> <a href="#">Exchange of information with parents regarding minor treatment</a> <a href="#">Incident, injury, trauma and illness record</a> <a href="#">Child’s Medication Record</a> <a href="#">Child’s Temperature Record</a> <a href="#">Quarterly Accident and Notifiable Diseases Report</a>

Definitions
<p><i>“Koorana” means Koorana Child and Family Services Incorporated.</i></p> <p><i>“Parents” includes a legal guardian.</i></p> <p><i>“Visitors” includes students, volunteers, visiting professionals, performers and contractors.</i></p> <p><i>“Staff” is a Koorana staff member working in the Preschool, e.g. Educator, Administrator or Key Worker. This may also include other Koorana staff such as Case Managers, Early Linker, Therapists, Head Office Administrators, Home and Community Based Key Workers and Koorana Management when visiting or working in the Preschool.</i></p> <p><i>“Accident/Incident” is a term used to describe an unplanned event or incident that has caused an injury to a person or thing. An incident is any unplanned event that may result in injury, harm, ill health or damage.</i></p> <p><i>“Injury” is a term used to describe minor conditions such as grazes or bruises, major conditions such as sprains, fractures and wounds.</i></p>

*“Illness” is a term used to describe a disease or a period of sickness affecting the body or mind.*

*A “fever” is the natural way the body fights infection. A fever is a temperature over 38 degrees Celsius. High temperatures do not always indicate seriously illness; however, if a child has a high grade fever they should visit a doctor. A child’s temperature will return to normal once the infection has cleared up. In most cases, where the child has a temperature but appears well and happy there is no need to treat the fever with medication.*

*A “febrile convulsion” is a fit or a seizure that may occur when a child has a high temperature, usually as a result of the early onset of a viral infection. A febrile convulsion may occur when the temperature of a child spikes, or rises suddenly. The convulsion itself is not caused by the high temperature, rather by the sudden onset or rapid increase in temperature. Research indicates that the administration of Paracetamol will not stop the onset of a febrile convulsion. Where a child has a history of febrile convulsions the parents are required to provide a letter from the child’s doctor stating at what temperature the Paracetamol should be administered to the child and any specific plan of action that may need to be followed. The staff at the service will follow these individual instructions.*

*“Trauma” is a term to describe a deeply distressing or disturbing experience as well as physical injury.*

*“Minor Ailment (including pain)” is a term used when children experience pain and discomfort without a temperature. This may occur due to toothache, head ache or other minor ailments*

## **POLICY STATEMENT**

Whilst all care is taken to ensure that children are cared for in a safe environment, accidents and injury (major and minor) can still occur. To reduce the likelihood of serious accidents or injuries staff will ensure that the premises of the service and associated equipment are maintained in a safe and hygienic manner.

Furthermore, all children will occasionally have an elevated temperature or fever. This is one of the body’s mechanisms to rid itself of germs and often does not require treatment. The method of treatment for a fever will be dependent on the specific symptoms the child is exhibiting.

## **PRACTICES**

### **First Aid**

First aid kits are available, clearly marked, checked monthly and restocked as required. Adult and child cardio-pulmonary resuscitation charts are displayed near the first aid box and in other prominent places in the Preschool as well as other relevant emergency treatment posters, e.g. Asthma.

An emergency evacuation bag with a fully stocked first aid kit as well as excursion bag is available.

All preschool staff will hold an approved first aid certificate as well as Asthma and Anaphylaxis certificates.

### **Head to Toe Assessment**

Where a child has injured themselves or has been identified as not being well staff will complete an

initial head to toe assessment.

During the Head to Toe Assessment staff will examine the child for obvious injury, bites, cuts, burns, rashes, and attempt to identify the site of pain.

If the child is injured the staff will administer first aid.

### **Administering First Aid**

- Where an incident arises and staff have to administer First Aid to either a child or an adult, only first aid trained staff are to attend to the patient.
- Staff will ensure the safety of the injured child and the group, comfort the child and ensure the child is positioned comfortably.
- Staff will wear disposable gloves except for when administering an ice-pack.
- If the child is bleeding, e.g. a scrape, the wound will be cleaned with antiseptic wipes.
- The injury or wound will be dressed appropriately, e.g. with a band aid.
- If required an ice pack will be applied (covered in cotton or wrapped in paper towel to avoid ice-burn).
- After administering first aid staff will dispose of gloves and wash hands with warm water and soap.
- A staff member will stay with the child until the child is ready to play, is being picked up by the parent or guardian or goes to hospital in the ambulance.
- Staff will call the parents if required.
- The Preschool Leader or Responsible Person will be informed of the incident and the relevant forms completed.
- Emergency services should be contacted whenever staff are concerned the illness or injury sustained to the patient is deemed beyond their trained capacity to safely manage.
- The Approved Provider of a service is to ensure that where a child enrolled in the service is involved in any incident, injury, trauma or illness that the parents of that child are notified as soon as practicable but no later than 24 hours after the incident.

### **Temperatures**

If staff determine that the child feels 'warm', staff will take the child's temperature using a thermometer.

If a temperature is present staff will record the temperature in the temperature record chart for the child.

Where the temperature is low grade, under 38.5 degrees, staff will:

- Contact the parents to inform them the child has a temperature. Staff will inform the parents if the child is unhappy, in pain or uncomfortable and that if child's temperature continues to rise and/or the child seems unwell, the child will need to be collected.
- Remove excess clothing.
- Where required sponge the child with tepid (warm) water (ensuring that the child does not shiver).
- Provide the child with water for hydration.

- Monitor and record the child's temperature every 15 minutes to ensure it is not rising.
- If the temperature is low grade but it is deemed by staff that the child is too unwell to participate, parents will be asked to collect their child.

Where the temperature is above 38.5 degrees Preschool Educators will:

- Contact the parents to collect the child immediately.
- Ask the parent or authorised person if they would like Preschool Educators to administer Paracetamol.
- Remove excess clothing.
- Sponge the child with tepid (warm) water (ensuring that the child does not shiver).
- Provide the child with water for hydration.
- Monitor and record the child's temperature every 15 minutes until the parents arrive.
- **Where the temperature does not fall below 38.5 degrees and the child is in pain, discomfort, miserable or the temperature continues to rise, Educators will administer Paracetamol if it has not already been administered.**

#### *General First Aid for Febrile Convulsions.*

In the event that a child has a febrile convulsion staff will:

- Ensure the child is safe by laying him/her on the floor (in the recovery position if possible) and removing any objects, such as a chair, that may cause injury to the child.
- Time the convulsion.
- Loosen clothing around the neck if possible.
- Not restrain the child.
- Not place anything in the child's mouth during the convulsion.
- Contact the parents to collect the child and advise the parent to take the children to see a Doctor as soon as possible.

Staff will call an ambulance if:

- The convulsion does not stop after five minutes.
- Another convulsion starts after the first one has finished.
- The child has trouble breathing or looks unwell. (The child will be drowsy after the convulsion).
- For any reason the Educator feels that an ambulance is required.

#### **Emergency First Aid for Asthma**

Where a child is known to be asthmatic staff will follow the individual asthma management plan, **including** the 4 Step Emergency Action Plan for asthma attacks.

Where a child appears to be showing signs of asthma and has not been diagnosed as asthmatic staff are to:

Contact 000 for assistance whilst they follow the steps below. Follow instructions from Ambulance personnel where instructed to do so.

1. Sit the child upright, remain calm and provide reassurance. Do not leave the child alone.
2. Collect the Preschools blue ventolin puffer and spacer.
3. Give 4 puffs of a blue reliever puffer one puff at a time preferably through a spacer device. Ask the child to take 4 breaths from the spacer after each puff.
4. Wait 4 minutes.
5. Continue to repeat steps 3 and 4 while waiting for the ambulance to arrive.

Staff are able to administer ventolin to a child without the permission of parents where there is a suspected asthma attack.

### **Emergency First Aid for Anaphylaxis**

Where a child is known to be anaphylactic staff will follow the individual action plan.

Where a child appears to be showing signs of anaphylaxis and has not been diagnosed as anaphylactic staff are to:

Contact 000 for assistance whilst they follow the "Procedure for administering Epipen to child with undiagnosed allergy". Staff will also follow instructions from Ambulance personnel where instructed to do so.

Staff are able to administer an Epipen to a child without the permission of parents where there is a suspected anaphylactic attack.

### **Treatment of pain and minor ailments**

Where a child is experiencing pain staff will contact the parent to come and collect the child.

The staff may gain verbal permission from the parent to administer one dose of age appropriate Paracetamol to the child to ease the pain. The parent is required to come and collect the child and sign the medication form.

### **Dental accidents**

*First Aid for a knocked or chipped tooth in a child:*

Where a dental injury occurs staff are to follow the usual procedures for dealing with an injury or emergency, i.e. administer first aid and contact the parents.

*For young children with baby teeth:*

- Staff are not to insert the tooth back into the child gum.
- Staff should rinse the tooth or tooth fragment in clean MILK to remove blood and place the tooth in a clean container or wrap in cling wrap.
- Once the parent arrives to collect the child give them the tooth to take to the hospital or dentist.

### **Exchange of Information with parents regarding minor treatment**

Where staff are required to attend to a child with a scratch, bump, graze or the like, staff are to complete a communication exchange form regarding minor treatment. If the scratch or graze requires a band aid, ice pack or other treatment, staff are to provide these details on the form. This form is to be given to the parents when the child is collected as a means of informing the parents of the situation.

If staff feel that they need to contact the parents to inform them of the situation, staff are NOT to use the Exchange of Information with parents regarding minor treatment form but the Incident, Injury, Trauma, Illness record.

### **Serious incident, injury, trauma or illness of a child in care**

During the enrolment process parents are required to sign a statement authorising the service to seek urgent medical, dental or hospital treatment or call an ambulance and permission for such professional to carry out appropriate medical, dental or hospital treatment in the event that such action appears to be necessary due to injury or illness.

Where a child becomes unwell or is injured the Preschool Leader or "Responsible Person" for the Preschool is to ensure that:

1. A staff member remains with the child until the child recovers, a parent arrives or another responsible person takes charge.
2. If the child requires medical or dental treatment that immediate steps are taken to secure that treatment.
3. The child is returned to the care of the parent.
4. Where medication, medical or dental treatment is obtained that the parents are notified as soon as practical providing detail of the accident, injury, treatment and the services arranged for the child.
5. Notify the Approved Provider of the incident.
6. Complete associated report forms and submit these as required.

A staff member is to complete, as soon as practical, the Incident, injury, trauma and illness record.

### **Notification of Serious Incident to the NSW Department of Education - NSW Early Childhood Education and Care Directorate**

Where a child enrolled in the Preschool has been involved in a Serious Incident the Approved Provider is required to notify the Department of Education within 24 hours of the incident occurring, or from being informed of the incident occurring.

In this instance the Approved Provider is to notify the Department of Education through the NQAITS portal to inform them that there has been an incident. Any follow up paperwork that has not been included in the initial submission through the NQAITS can be added through the portal at a later time.



A serious incident is defined by the Education and Care Services Regulation (12) as:

- (a) The death of a child either whilst being cared for at the education and care service or following an incident that occurred at the education and care service.
- (b) Any incident involving serious injury or trauma to, or illness of, a child while 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 to reasonably to have attended a hospital.
- (c) Any attendance of emergency services to the education and care service.
- (d) Any circumstance where a child enrolled appears to be missing, removed or taken from the service, or mistakenly locked within or outside the premises.

Note: Examples of serious incidents include: Whooping cough, broken limb, anaphylaxis reaction.

Where a serious incident has occurred staff are required to complete an Incident, injury, trauma and illness record. A copy of this form is to be given to the parent.

Parents are required to be notified as soon as practical and within 24 hours of the serious incident.