

Incident, Injury, Trauma and Illness Policy

NQS

QA2	2.1.2	Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
	2.2.2	Incident and emergency management - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

National Law

Section	174	Offence to fail to notify certain information to Regulatory Authority
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National Regulations

Regs	12	Meaning of serious incident
	85	Incident, injury, trauma and illness policies and procedures
	86	Notification to parents of incident, injury, trauma and illness
	87	Incident, injury, trauma and illness record
	88	Infectious diseases
	89	First aid kits
	97	Emergency and evacuation procedures
	161	Authorisations to be kept in enrolment record
	162	Health information to be kept in enrolment record
	168	Education and care service must have policies and procedures
	175	Prescribed information to be notified to Regulatory Authority
	176	Time to notify certain information to Regulatory Authority

Aim

The service and all educators can effectively respond to and manage accidents, illness and emergencies which occur at the service to ensure the safety and wellbeing of children, educators and visitors.

Related Policies

Death of a Child Policy

Emergency Service Contact Policy

Emergency Management and Evacuation Policy

Enrolment Policy

Grievance Policy
Infectious Diseases Policy
Medical Conditions Policy

Implementation

This policy and related policies and procedures at the service will be followed by nominated supervisors and educators of, and volunteers at, the service in the event that a child -

- (a) is injured or
- (b) becomes ill or
- (c) suffers a trauma or
- (d) is involved in an incident at the service

The Approved Provider/Nominated Supervisor will ensure that:

- a parent of a child is notified as soon as possible, preferably on the same day, and no later than 24 hours of the injury, illness, trauma or incident
- an Incident, Injury, Trauma and Illness Record is completed without delay
- at least one first aid qualified educator (with asthma and anaphylaxis training) is present at all times at the service
- first aid qualifications (including anaphylaxis and asthma management training) are current and updated at least every 3 years
- all components of first aid qualifications are current if some require an earlier revision (eg CPR)
- first aid qualified employees receive CPR refresher training annually
- first aid qualified educators never exceed their qualifications and competence when administering first aid

The Nominated Supervisor will also diarise to ensure the contents of first aid kits and their location are reviewed at least annually and after every use. Audits will ensure each Kit has the required quantities, items are within their expiry dates and sterile products are sealed. Consideration will also be given to whether the contents suit the injuries that have occurred, based on our incident, injury, trauma and illness records and action taken to obtain additional resources if required.

During our induction process for new educators and staff the Nominated Supervisor or delegated staff member will:

- advise which (other) educators and staff have first aid qualifications
- the location of the first aid kit(s)
- obtain information about any medical needs the new employee may have that could require specialist first aid during an incident or medical emergency. This information will only be shared with the employee's consent or in order to meet our duty of care to the employee.

The Nominated Supervisor will review the following matters in consultation with employees (eg at staff meetings) where appropriate, at least annually or when there are staff changes:

- our first aid procedure

- the location of our first aid kit(s)
- the nature of incidents occurring at the service

If children are injured or become ill at the service, educators or staff members will request parents or authorised nominees to collect children within one hour of the request.

We will also display appropriate first aid signage (eg CPR posters) in prominent locations.

Our service will use the Incident, Injury, Trauma and Illness Record template published by ACECQA

Administration of First Aid

If there is an accident, illness or injury requiring first aid an educator with a current first aid qualification will:

- assess any further danger to the child, other children and any adults present and take steps to remove or mitigate the danger
- respond to the injury, illness or trauma needs of the child or adult in accordance with their current first aid, asthma and anaphylaxis training, and in accordance with the child's medical management plan and risk minimisation plan if relevant. As part of first aid response educator may if required:
 - call an ambulance (or ask another staff member to call and co-ordinate the ambulance). The Nominated Supervisor or a familiar educator will accompany the child in the ambulance if parents/guardians are going directly to the hospital
 - notify a parent or authorised nominee that the child requires medical attention from a medical practitioner
 - contact a parent or authorised nominee to collect the child from the service if required within 60 minutes
- notify the nominated supervisor and parents of the incident, illness or injury the same day that it occurs
- complete an Incident, Injury, Trauma and Illness Record without delay

The Nominated Supervisor and educators will supervise and care for children in the vicinity of the incident, illness or injury as appropriate.

First Aid Kit Guidelines

First aid kits will be easily recognised and readily available where children are present at the service and during excursions. They will be suitably equipped having regard to the hazards at the service, past and potential injuries and size and location of the service.

We will use the checklist in Qld First Aid in the Workplace Code of Practice or Safe Work Australia First Aid in the Workplace Code of Practice as a guide on what to include in our first aid kits, and tailor the contents as necessary to meet our service needs (Tab B).

The Approved Provider, Nominated Supervisor or first aid trained employee may purchase adrenaline auto-injectors (eg EpiPens) and asthma puffers for emergency medical responses (eg where children don't have their own devices because they have not previously been diagnosed) from a pharmacist. They will provide one of the following to the pharmacist as evidence they are authorised to purchase these medications: written evidence they are the approved provider of the service, a letter from the approved provider nominating them as an approved purchaser on behalf of the service, a certificate showing they have completed an approved asthma management course, or a copy of their Queensland Health approval.

We will display a well recognised, first aid sign which complies with AS 1319:1994 – Safety Signs for the Occupational Environment to assist in easily locating first aid kits.

Any First Aid kit at the service must -

- not be locked
- not contain paracetamol (Panadol)
- have sufficient first aid resources for the number of employees and children
- have appropriate first aid resources for the immediate treatment of injuries at the service (including asthma and anaphylaxis)
- be accessible within two minutes of an incident (includes time required to access secure areas) and located where there is a risk of injury occurring if relevant
- be provided on each floor of a multi-level workplace
- be provided in each work vehicle
- be taken on excursions
- be constructed of resistant material, dustproof (can be sealed) and large enough to adequately store the required contents
- preferably be fitted with a carrying handle as well as internal compartments
- have a white cross on a green background with the words 'First Aid' prominently displayed on the outside
- contain a list of contents
- be maintained in proper condition and the contents replenished as necessary

Notification of serious incidents

The Approved Provider or Nominated Supervisor will notify the regulatory authority through the online NQA ITS within 24 hours of any serious incident at our service (s. 174). If our service only becomes aware that the incident was serious afterwards, we will notify the regulatory authority within 24 hours of becoming aware that the incident was serious.

Serious incidents include:

- the death of a child at the service or following an incident at the Service
- any incident involving a serious injury or trauma to a child at the service which a reasonable person would say required urgent attention from a medical practitioner, or the child attended or should have attended a hospital eg broken limb
- any incident involving serious illness of a child at the service where the child attended, or should have attended, a hospital eg severe asthma attack, seizure or anaphylaxis.

This does not include treatment at a hospital for non-serious injury, illness or trauma in cases where a General Practitioner consults from a hospital eg in rural and remote areas

- any emergency where emergency services attended ie there was an imminent or severe risk to the health, safety or wellbeing of a person at the service. It does not include incidents where emergency services attended as a precaution
- a child is missing or cannot be accounted for at the service
- a child has been taken from the service by someone not authorised to do this
- a child is mistakenly locked in or locked out of the service.

A serious injury, illness or trauma includes:

- | | |
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| • amputation | • epileptic seizures |
| • anaphylactic reaction requiring urgent | • head injuries |
| • asthma requiring urgent hospitalisation | • measles |
| • Broken bone/fractures | • meningococcal infection |
| • bronchiolitis | • sexual assault |
| • burns | • witnessing violence or a frightening event |
| • diarrhoea requiring urgent hospitalisation | |

Notification of serious complaints and circumstances

The Approved Provider or Nominated Supervisor will notify the regulatory authority through the online NQA ITS:

- within 24 hours of any complaints alleging that a serious incident has occurred or is occurring while a child was or is at the service
- within 24 hours of any complaints that the National Law or Regulations have been breached
- within 7 days of any circumstances arising at the Service that pose a risk to the health, safety and wellbeing of a child
- within 7 days of any incident, complaint or allegation that physical or sexual abuse of a child has occurred or is occurring while the child is at the service
- within 24 hours of any children being educated and care for in an emergency, including where there is a child protection order or the parent needs urgent health care. Emergency care can be no longer than two consecutive days of operation. The Approved Provider or Nominated Supervisor will consider the safety, health and wellbeing of all children at the service before accepting the additional child/children, and will advise the regulatory authority about the emergency
- within 24 hours of any incidents that require the Service to close or reduce attendance.

Notification of Work Health and Safety incidents

Serious injury or illness is a “notifiable incident” under the work, health and safety legislation.

Serious injury or illness means a person requires:

- immediate treatment as an in-patient in a hospital or
- immediate treatment for:
 - the amputation of any part of the body
 - a serious head injury
 - a serious eye injury
 - a serious burn
 - the separation of skin from an underlying tissue (such as degloving or scalping)
 - a spinal injury
 - the loss of a bodily function
 - serious lacerations or
- medical treatment within 48 hours of exposure to a substance.

A serious illness includes any infection which the carrying out of work contributed to significantly, example an infection that can be linked to providing treatment to a person or coming into contact with human blood or body substances.

A dangerous incident is also notifiable under the legislation and includes:

- an uncontrolled escape, spillage or leakage of a substance
- an uncontrolled implosion, explosion or fire
- an uncontrolled escape of gas or steam
- an uncontrolled escape of a pressurised substance
- electric shock
- the fall or release from a height of any plant, substance or thing
- the collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be authorised for use under regulations
- the collapse or partial collapse of a structure
- the collapse or failure of an excavation or of any shoring supporting an excavation
- the inrush of water, mud or gas in workings, in an underground excavation or tunnel.

The Approved Provider or Nominated Supervisor will notify WorkCover by telephone or in writing (including by facsimile or email) as soon as possible after the injury, illness or incident. Records of the incident must be kept for at least 5 years from the date that the incident is notified. The Approved Provide or Nominated Supervisor must ensure the site where the incident occurred is left undisturbed as much as possible until an inspector arrives or as directed by WorkCover.

Sources

Education and Care Services National Regulations 2011

National Quality Standard

Work Health and Safety Act 2011

Work Health & Safety Regulation 2011

Qld First Aid in the Workplace Code of Practice

Safe Work Australia Legislative Fact Sheets First Aiders

Safe Work Australia First Aid in the Workplace Code of Practice

Health (Drugs and Poisons) Regulation 1996

Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

Last reviewed: 14/01/2020

Date for next review: 13/01/2021

Qld First Aid in the Workplace Code of Practice

Basic First Aid Kits Contents List	Quantity	QUANTITY AND EXPIRY DATE MET Yes / No
Instructions for providing first aid – including cardio-pulmonary resuscitation (CPR) flow chart		
Adhesive strips (assorted sizes) for minor wound dressing.		
Splinter probes (single use disposable)		
Non-allergenic adhesive tape for securing dressings and strapping.		
Eye pads for emergency eye cover.		
Triangular bandage for slings, support and/or padding.		
Hospital crepe or conforming bandage to hold dressings in place.		
Wound/combine dressings to control bleeding and for covering wounds.		
Non-adhesive dressings for wound dressing.		
Safety pins to secure bandages and slings.		
Scissors for cutting dressings or clothing.		
Kidney dish for holding dressings and instruments.		
Small dressings' bowl for holding liquids.		
Gauze squares for cleaning wounds.		
Forceps/tweezers for removing foreign bodies.		
Disposable nitrile, latex or vinyl gloves for infection control.		
Sharps disposal container for infection control and disposal purposes.		
Sterile saline solution or sterile water for emergency eye wash or for irrigating eye wounds. This saline solution must be discarded after opening.		
Resuscitation mask to be used by qualified personnel for resuscitation purposes.		
Antiseptic solution for cleaning wounds and skin.		
Plastic bags for waste disposal.		
Note pad and pen/pencil for recording the injured or ill person's condition and treatment given.		
Re-usable ice-pack for the management of strains, sprains and bruises.		