

# TECOMA PRIMARY SCHOOL OSHC FIRST AID, INCIDENT, INJURY, TRAUMA, AND ILLNESS POLICY

## POLICY RATIONALE

Tecoma Primary OSHC, believe that the health and safety of Children, families, and educators 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 well-being 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 that have the potential to:

- Be a threat to the safety or well-being of the children, families, educators, or community.
- Cause a complaint to be lodged.
- Result in the assistance of Emergency Services.
- Result in notification to Children's Protective Services.
- 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 Services 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 the Regulatory Authority (Department of Education and Training).

## PROCEDURES

- Tecoma Primary OSHC 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 Program, 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 Services 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, illnesses and injuries are to be reported to the Nominated Supervisor or 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 Nominated Supervisor or Responsible Person is responsible to ensure the parent/guardian signs the Incident Report Form.
- Incidents, illness, injuries, and trauma will be reported to the relevant Regulatory Authority in compliance with Regulation 176 of the Education and Care Services 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, AND 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, educators will be required to follow the following procedures:
  - standard precautions apply, including use of personal protective equipment (PPE), as applicable
  - spills should be cleared up before the area is cleaned (adding cleaning liquids to spills increases the size of the spill and should be avoided)
  - Using these basic principles, the management of spills should be flexible enough to cope with different types of spills, taking into account the following factors:
    1. the nature (type) of the spill (for example, sputum, vomit, faeces, urine or blood)
    2. the pathogens most likely to be involved in these different types of spills – for example, stool samples may contain viruses, bacteria or protozoan pathogens, whereas sputum may contain Mycobacterium tuberculosis
    3. the size of the spill – for example, spot (few drops), small (10cm), large (10cm+)
    4. the type of surface – for example, carpet or impervious flooring
  - Cleaning spills – Standard cleaning equipment, including a mop, cleaning bucket and cleaning agents, should be readily available for spills management. It should also be stored in an area known to all.
  - Cleaning spots or small spills - Spots or drops of blood or other small spills (up to 10 cm) can easily be managed by wiping the area immediately with paper towels, and then cleaning with warm water and detergent, followed by rinsing and drying the area. Dry the area, as wet areas attract contaminants.
  - Cleaning large spills - Where large spills (more than 10 cm) have occurred in a 'wet' area, such as a bathroom or toilet area, the spill should be carefully washed off into the sewerage system using copious amounts of water and the area flushed with warm water and

detergent. - For 'dry' areas a scraper and pan should be used to remove the absorbed material. The area of the spill should then be cleaned with a mop, and bucket of warm water and detergent. The bucket and mop should be thoroughly cleaned after use and stored dry.

4. Monitor the injured/ill child and note any changes in the child's condition.
  5. Notify the parent/guardian as soon as is practicable. In minor incidents, injury, trauma or illness, parents/carers may be informed when they arrive to collect their child.
  6. As soon as is practicable, educators will document the details of the incident, injury, trauma or illness on the correct document.
  7. Educators will ask the parent/carer to sign this document on arrival and they will be given a copy.
- Note: Any injuries to a child's head, must be reported via a phone call to their parents/carers immediately.

## **MANAGEMENT OF A SERIOUS INCIDENT, INJURY, TRAUMA, OR ILLNESS**

Meaning of serious incident:

A serious injury is when an injury requires additional medical attention other than basic First Aid. 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:

1. the death of a child
  - a. while that child is being educated and cared for by an education and care service
  - b. following an incident occurring while that child was being educated and cared for by an education and care service
2. 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
  - a. which a reasonable person would consider required urgent medical attention from a registered medical practitioner
  - b. for which the child attended, or ought reasonably to have attended, a hospital
3. 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
4. any emergency for which emergency services attended
5. any circumstance where a child being educated and cared for by an education and care service
  - a. appears to be missing or cannot be accounted for
  - b. appears to have been taken or removed from the education and care service premises in a manner that contravenes these Regulations
  - c. is mistakenly locked in or locked out of the education and care service premises or any part of the premises.

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

1. Remember to stay calm, reassure, assess the situation and seek assistance.
2. An educator with current approved first aid qualifications in first aid, asthma and anaphylaxis management training will apply first aid as required.
3. 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. Closely monitor the injured/ill child and record any changes.
6. In the event of a blood spill or contact with bodily fluids, educators will be required to follow the procedures outlined above.
7. Notify the parent/carer as soon as is practicable.

9. As soon as is practicable, educators will document the details of the incident, injury, trauma or illness on the correct document.

10. Educators will ask the parent/carer to sign this document on arrival and they will be given a copy.

## **MANAGEMENT OF ILLNESS**

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

- Settle the child in a quiet area.
- Contact the parent/carer 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/carer
- Parents/carers will be asked to notify the program 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 Department of Health and Human Services Exclusions Table.
- Further information can be provided to the family from *Staying Healthy in Child Care* (5th 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 may be required to see a medical professional. 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
- 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/educator following an injury to the head, please seek medical assistance.



A mild head injury/concussion is when the child:

- May display an altered level of consciousness.
- Is alert or interacts with you.
- May have vomited.
- 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.

A moderate head injury is when 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 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.

## COMMUNICATION

This policy will be communicated to Tecoma Primary School community in the following ways:

- Available publicly on our school's website
  
  - Made available in hard copy from the OSHC program upon request
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