

Education and Care Services National Regulations

Regulation	Description
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
89	First Aid Kits
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136	First Aid Qualifications
168.2 (a) iv	Education and Care services must have policies and procedures related to the administration of first aid

National Quality Standards for Children's Education and Care Services

Quality Area QA 2	Description Children's Health and Safety
2.1	Each child's health is promoted.
2.1.1	Each child's health needs are supported.
2.3.1	Children are adequately supervised at all times.
2.3.2	Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.

Work Health and Safety Act, 2011

Regulation	Description
38	Duty to notify of notifiable incidents
39	Duty to preserve incident sites

Related Policies and Procedures

Critical Incident Response Policy
 ELC Emergency Management Plan
 CE Work Health and Safety- ACT and NSW Policy
 Child Protection – Mandatory Reporting ACT/NSW Policy
 Management of Infectious Diseases in Schools Policy
 Medical Welfare of Students Policy
 Excursions Policy
 Governance and Retention and Protection of Records Policy
 Legal Responsibility and Authority Policy

Purpose

This policy outlines the procedures to be followed if a person is unwell, injured or is involved in a medical emergency or incident at the service which is not considered a Critical Incident. In the event of a Critical Incident, the CE Critical Incident Response Policy and Individual ELC Emergency Management Plan should be consulted.

This policy also outlines the training requirements and responsibilities of ELC staff, as well as the responsibilities of parents/guardians in the event that a student is ill, or is involved in a medical emergency or an incident at the centre which results in, or was likely to result in injury or trauma.

Definitions

First Aid

The provision of initial care or assistance in response to an illness or injury. First Aid generally consists of a series of techniques to preserve life, protect a person (particularly if unconscious), prevent a condition worsening and promote recovery. Where possible, first aid should always be provided by an employee with appropriate First-Aid Qualifications.

Critical Incident

An unexpected traumatic event involving personal or professional threat which evokes extreme stress, injury or fear. For examples of Critical Incidents, please consult the CE Critical Incident Response Policy.

Incident

Any unplanned event resulting in or having the potential for injury, ill health, damage or other loss.

Medical attention

Includes a visit to a registered medical practitioner or attendance at hospital.

Medical emergency

An injury or illness that is acute or poses an immediate risk to a person's life or long-term health.

Minor incident

An incident which results in an injury that is small and does not require medical attention.

Serious incident

An incident resulting in death, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the ELC in contravention of the regulations or is mistakenly locked in/out of the service premises. Any serious incident requires notification to ACECQA, notification to CE, and in some situations notification to WorkSafe ACT.

Personal Protective Equipment (PPE)

refers to any protective equipment utilised by a person to minimise risks to their health or safety. Examples of PPE include gloves, glasses, CPR face shields, etc.

Procedures

First Aid Requirements

First Aid can save lives, and can prevent minor illnesses or injuries from becoming life threatening. It is a requirement of employment that all ELC employees hold current First Aid Qualifications including basic training in Asthma and Anaphylaxis Emergency Response. A list of approved First Aid Qualifications can be found at <http://www.acecqa.gov.au/Qualifications.aspx>. All ELC staff owe students a duty of care for their safety and wellbeing while they are involved in school activities, or are present for the purpose of a school activity. This duty is to take such measures as are reasonable in all the circumstances to protect students from risks or harm that reasonably ought to be foreseen. While ELCs attempt to identify and address risks and hazards prior to their occurrence, and promote a safe environment, it is important that all staff members are able to provide First Aid to students, and respond effectively in a medical emergency. This also satisfies legislative requirements for an individual with appropriate training in first aid (including Asthma and Anaphylaxis emergency) to be available at all times during the service's hours of operation. While it is the responsibility of each employee to ensure that their First Aid training remains current, records of all staff member's first aid training must also be kept by the ELC.

All ELCs are also required by law to have an adequate number of suitably equipped first aid kits which meet Australian Standards, and that these kits are checked regularly to ensure that the contents are replenished, and are within their expiry dates. These kits are required to be easily recognisable, and readily accessible to adults. ELCs should ensure that the location of all first aid kits is discussed with all new employees at induction, and that the locations of these are clearly labelled. Portable first aid kits are also required to be taken on all school outings and excursions.

Medical Emergencies

In the event of an accident, injury, trauma, or illness staff should first identify whether major or minor first aid assistance is required. In the event that major first aid is required, the situation is considered a medical emergency. Medical Emergencies may include:

- asthma
- anaphylaxis
- diabetes
- fractures
- choking
- seizures

If a student is being transported by ambulance a suitably qualified employee should remain with the child until a parent, carer or other emergency contact arrives. This employee should ensure that they take the student's medical record with them, and provide this to the hospital upon arrival. Unless explicitly instructed by emergency services, an employee should not use their own vehicle to transport a student to hospital. If required to transport a student to hospital, an additional staff member must also accompany the student. Medical Emergencies which require urgent medical attention are often able to claim back such costs by lodging a claim with Catholic Church Insurances. If a parent would like to pursue this, they are able to do so by completing a SchoolCare Claim form available at <http://www.ccinsurance.org.au/documents/products/claim-form-schoolcare.pdf>, and sending it through to the Officer for Preschool School Age Care.

It is important that all staff are offered the opportunity to debrief or seek free professional counselling through CatholicCare following a medical emergency. If a staff member requires counselling, this can be arranged by contacting the CE Child Protection and Legal Services Officer.

Situations requiring Minor First Aid

Most situations will require only minor first aid, and will not require immediate notification to ACECQA. Unless they suffer only a minor injury, students who are injured or become unwell at school are best transferred to the care of a parent or carer as soon as practicable. Parents or carers of students suffering only minor injuries will not be contacted by the centre, but should be informed of the incident within 24 hours. It is the school's responsibility to make the student comfortable before appropriate medical attention is received, and ensure that the child is supervised until they feel well enough to return to play, or until they are collected by their parent, guardian or emergency contact. Each ELC should have individual procedures to be followed regarding the provision of minor first aid.

In the event that First Aid is required by a student, any employee with appropriate First-Aid qualifications may administer first-aid. It is important that any staff member administering first aid utilise the appropriate PPE equipment required to protect from infection or exposure to bodily fluids.

Administration of Medication

No medication (including prescription, over the counter, homeopathic and naturopathic medication) is to be administered to students without written consent being obtained from parents/guardians. Staff may administer medication to students at the request of parents with written consent (See Attachment D).

Medication provided by parents must be:

- provided in the original container
- bearing the original labelling and instructions
- and be within its best before or expiry period

Prescription medication must also be clearly labelled with the child's name, and dosage requirements. Medication must be administered according to instructions on the packet, unless written evidence from a registered medical practitioner is provided.

CE ELC employees are required to record the administration of medication immediately following administration (See Attachment D). The administration of any medication must be overseen by a witness who is required to check the dosage, verify the identity of the student receiving the medication, and sign the administration record.

Further Information

Education and Care Services National Regulations (and National Quality Standards)
(<http://www.legislation.nsw.gov.au/maintop/view/inforce/subordleg+653+2011+cd+0+N>)

WorkSafe ACT
(http://www.worksafe.act.gov.au/health_safety)

Australian Children's Education and Care Quality Authority
(<http://www.acecqa.gov.au/>)

NSW Ambulance
(<http://www.ambulance.nsw.gov.au/>)

Catholic Church Insurance
(<http://www.ccinsurance.org.au/>)

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When to Call for Emergency Medical Assistance

First Aid is only the first level of assistance. The list of symptoms below is only intended to act as a guide for when further medical assistance may be necessary. Emergency Medical Assistance should be sought immediately if the first aider deems it necessary, regardless of whether the individual is exhibiting the symptoms below. Medical Assistance may involve calling an ambulance in emergency situations, or in less urgent circumstances, informing the student's emergency contacts that the first aiders training indicates that additional advice from a medical practitioner is required. ELC employees should not hesitate to call an ambulance if there are concerns regarding a student's wellbeing. When contacting Emergency Services for ambulance assistance, the operator will ask a number of questions (see Attachment C), and will be able to guide the caller as to the most appropriate form of medical assistance required. The Student's emergency contacts should be contacted immediately if an ambulance has been called, or the employee administering first aid deems that further medical assistance is required.

The following information should be considered when deciding whether medical assistance is required:

1. Nature of the incident

In certain situations, as injuries may not be easily visible without extensive training, it should be assumed that an individual is critically injured until a medical professional decides otherwise. These situations include:

- car crashes
- falls from heights
- fire (or smoke or gas inhalation)
- electrical injuries (eg. electric shock or electrocution)
- chemical injury
- ingestion of or exposure to poisonous substances (if you are uncertain whether a substance is deemed poisonous, you should consult the substance's SDS, or immediately contact the Poisons Information Centre on 13 11 26) .

In such situations, an ambulance should be called immediately to provide a full medical assessment.

2. Medical History of the Casualty

Where the casualty suffers from a known medical condition, the centre should have on file a Medical Response Plan, which should indicate when it is appropriate to seek additional medical assistance.

3. Symptoms

If the casualty is experiencing any of the following symptoms, immediate medical assistance should be sought:

- Severe and persistent pain
- difficulty breathing
- altered consciousness or has experienced unconsciousness
- signs of shock (eg. rapid shallow breathing, cold clammy skin, rapid weak pulse, dizziness or fainting or weakness)
- severe bleeding, vomiting or passing of blood
- slurred speech
- head, neck or back injuries
- potential fractures

Initial Response for Medical Emergencies:

ELC employees responding to a medical emergency are advised to follow the following procedure:

1. **DANGER** – Responders should always check the immediate vicinity for any hazards, and ascertain how best to respond without endangering themselves or others before providing assistance
2. **GET HELP** – immediately call to other staff members for assistance, and ascertain whether emergency medical assistance should be sought (see Attachment B). If so, contact '000' immediately. In emergency situations it is suggested that bystanders are utilised appropriately to get assistance, call emergency services, close off the area, bring first aid or other supplies, or to direct paramedics to the scene.
3. **ASSESS** – the degree of injury or illness. If the child is conscious, reassure the child and if possible, ascertain the following information:
 - Any Symptoms are they experiencing
 - What the student was doing prior to the incident
 - What and when the child last ate

As young children sometimes have limited communication skills, it may be necessary to use other non-verbal methods to assess the student, or to seek information from other children playing nearby or other supervisors. Other Educators should also be consulted immediately to ascertain:

- any allergies the student has
 - any existing medical conditions, recent illnesses, or relevant past medical history
 - whether any medication has been, or should have been administered to the student that day
 - any symptoms or differences in behaviour observed prior to the incident
4. **RESPOND** – Appropriate First Aid should be provided in accordance with the employee's training. It is important that Employees always remain within their scope of training. It is suggested that ELCs have a copy of a CPR chart located in a public location (eg. a staff room) both as a reminder for staff, and as a tool to be utilised in the case of an emergency (NSW Ambulance have a CPR chart available at: <http://www.ambulance.nsw.gov.au/Media/docs/CPRChartMOSTRECENT-9e07d493-974e-42b5-be30-d368ea38bd2b-0.pdf>).
 5. **CALL EMERGENCY CONTACT** – it is important to ensure that parents, guardians or other emergency contacts are informed of the incident and any suspected injuries as soon as possible. When informing the student's emergency contacts, it is important to communicate calmly to minimise the risk of panicking the emergency contact. As much information as possible should be provided to the parent (however only known facts). If the situation is deemed a serious incident (see definition), parents or carers are legally required to be informed within 24 hours of the

incident occurring.

6. **CLEAN** – For non-reportable incidents, it is important to ensure that any blood or other bodily fluids are cleaned thoroughly by employees wearing the appropriate PPE to avoid exposure to others. It may also be necessary to close off certain areas to students, or to restrict use of certain pieces of equipment. If the incident is a reportable incident under WorkSafe ACT legislation the area should not be disturbed at all until a WorkSafe representative has permitted. Please see your Emergency Management Plan for a detailed list of reportable incidents.

First Aid for Dental Emergencies

In the event of a student suffering a broken or knocked out tooth, an employee should locate the tooth (if practicable) and place the tooth in a container with either milk, or a saline solution, avoiding touching the root of the tooth. If neither milk nor a saline solution is available, the tooth should not be rinsed, and should be placed in a bag or container. The student's parents, carers or other emergency contacts should be contacted, and advised that the student should be taken to the closest emergency dental clinic as soon as possible. While the student may not necessarily be in any pain in the case of a broken tooth, it is important to still seek treatment immediately, as the underlying roots or gums may have been damaged by the impact.

In the case of a dislodged tooth, it is usual for a lot of blood to be lost. If the student is able to, tell them to bite down on a piece of gauze to stem the flow of blood. If they are not able to, offer the child warm water to rinse with periodically. It is important for the child to be seated during this process, as excess fluid may act as a choking hazard if the student is lying down.

Recording and Reporting of Incidents

Recording of Incidents:

Schools are legally required to ensure that a record containing specific information is created within 24 hours for any incident, injury, trauma or serious illness of a student or employee. A template for this record can be found at Attachment B. These records are required to be stored in compliance with the CE Privacy Policy until the age of 25 for students and for a minimum of 7 years for employees.

Reporting to the Catholic Education Office:

CE requires ELC Directors to report any critical incident or medical emergency as soon as possible, using a [School Incident Recording, Notification and Management Form](#). As CE are required to report such incidences to the Minister for Education and Training in a timely manner, this form must be completed and returned to the CE Head of Directorate Services within 24 hours of the incident occurring.

Reporting to ACECQA:

ELCs are legally required to report to ACECQA any serious incident involving:

- The death of a child:
 - while in the ELC's care
 - following an incident which occurred in the care of the ELC.
- Serious injury or trauma to, or illness of, a child while in the care of the ELC, which:
 - a reasonable person would consider required urgent medical attention from a registered medical practitioner, or
 - for which the child attended, or ought reasonably to have attended a hospital (eg. whooping cough, fractured limb, anaphylactic reaction, etc)
- The attendance of emergency services (either Ambulance, Fire Brigade or Police) at the ELC was sought, or ought reasonably to have been sought
- Any circumstances where a child being cared for by the ELC:
 - appears to be missing or unaccounted for
 - appears to have been removed from the ELC in a manner which does not comply with the regulations (see the *CE ELC Refusal of Authorisation for a child to leave the service Policy*).
 - is mistakenly locked in or out of the education and care service premises, or any part thereof.

It is the responsibility of the ELC Director to ensure that Serious Incident Records are filed with ACECQA within an appropriate timeframe. To do this, Directors are required to complete a Serious Incident Form (SI01, available [here](#)) and submit this form along with any appropriate documentation to the ACT Children's Education and Care Assurance either by emailing it to the ELC Service Advisor or to ceca@act.gov.au. If this form is being emailed directly to the general CECA email address Directors should include the name and location of the ELC in the subject field.

Reporting to WorkSafe ACT:

All workplaces in the ACT have a legal requirement to report serious incidents (according to their definition) to WorkSafe ACT on 6207 3000. WorkSafe ACT defines a serious incident as:

- Fatalities
- Hospitalisations (ie. injuries requiring immediate treatment as an inpatient in hospital)

- Medical treatment for: fractures, broken bones, serious lacerations, serious head injuries, amputations, degloving, scalping, electric shock, loss of bodily functions, etc.
- Chemical Exposure (ie. when a person requires medical treatment within 48 hours of exposure to a chemical)
- Incidents or near misses where a person in the immediate vicinity is exposed to an immediate risk from the collapse of a building or an excavation, explosion, fire, the spillage of dangerous goods or the fall from a height off any plant or equipment, etc.

Reports made to WorkSafe ACT are required to be made as soon as practicable following a serious incident, and must be filed within 48 hours. It is important to ensure that Reports to WorkSafe ACT should always be made in conjunction with advice from the CE Occupational Health and Safety Officer. If the incident is reportable to WorkSafe ACT, ELCs are required to not disturb the incident location (even to clean up bodily fluids or shattered glass) unless there is an imminent threat to others which cannot be avoided by blocking off access to the space, or another means of precaution.

Notification to parents or carers:

It is a legal requirement that Parents or Carers of any ELC student who is involved in any incident, injury, trauma or serious illness while in the care of the ELC are informed of their child's involvement within 24 hours.

< Insert ELC Name Here > ELC Student Incident, Injury, Trauma and Illness Record

Date Time of incident AM / PM

Full Name of Person Reporting Incident Position

Full Name of Supervisor in day-to-day charge when incident occurred

Child details

Surname Given name/s

Date of Birth Age

Class / Room Educator Present

Record Type: Incident Injury Trauma Illness Near Miss

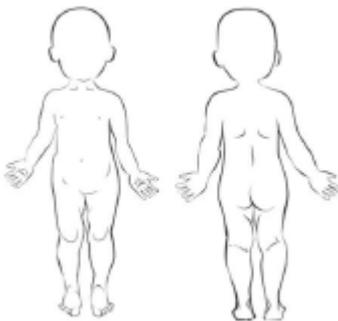
Circumstances leading to the incident/injury/trauma/near miss

Any Products or Structures involved

Location

Name of Witness

Nature of injury sustained:



- Abrasion/scrape
- Cut
- Sprain
- Burn
- Bruise
- Other (Please Specify)
- Rash
- Bite / Sting
- Fracture
- Concussion
- Swelling

Illness

Circumstances surrounding the student becoming ill (including any symptoms observed)

Time of Illness AM PM Date of illness

Action Taken

Details of action taken (including first aid, or administration of medication)

Name of any Medication Administered

Dosage and time

Medical Personnel Contacted

Yes

No

If yes, provide details

Notifications (including attempts to notify)

Parent/Guardian

Time

Date

(Parents/Guardians must be successfully notified within **24 hours** of the incident occurring)

Supervisor in Charge

Time

Date

Catholic Education Office (if applicable)

Time

Date

ACECQA (if applicable)

Time

Date

WorkSafe or Care and Protection

Time

Date

Additional notes or follow up

Any necessary precautions to prevent recurrence of the incident / injury / trauma

Parental Acknowledgement:

I _____ (full name of parent/guardian) have been notified of

my child's Incident / Injury / Trauma / Illness (not required for near misses)

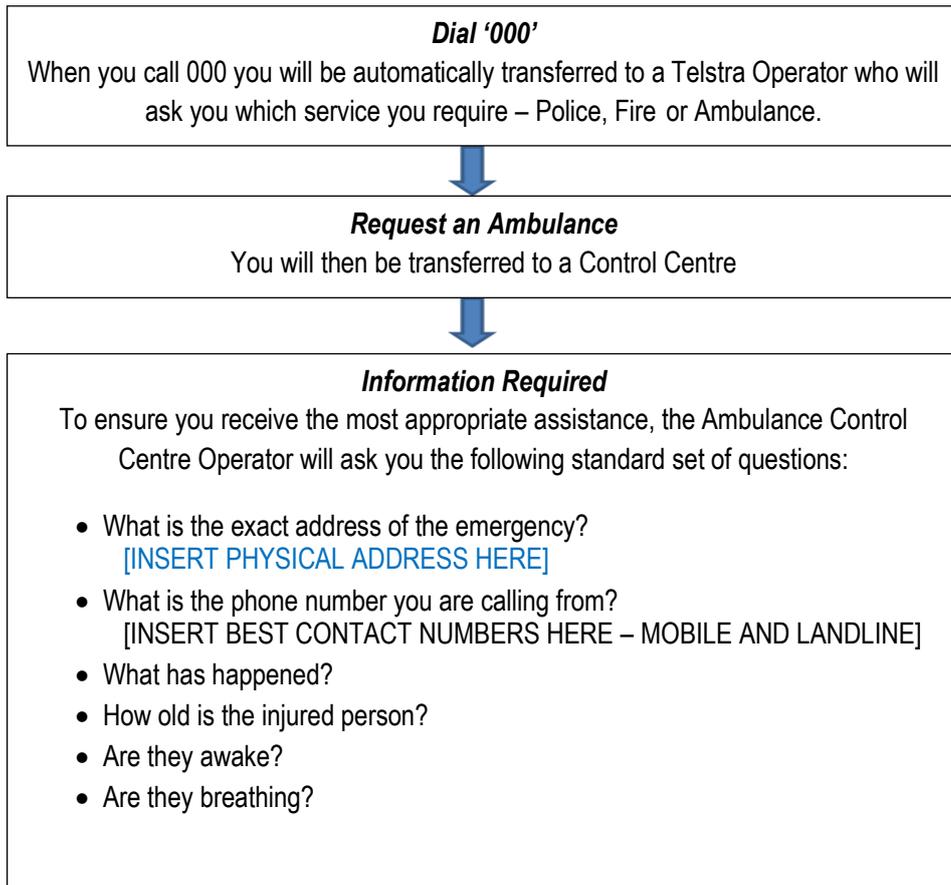
Signature of Person Reporting the Incident

Date

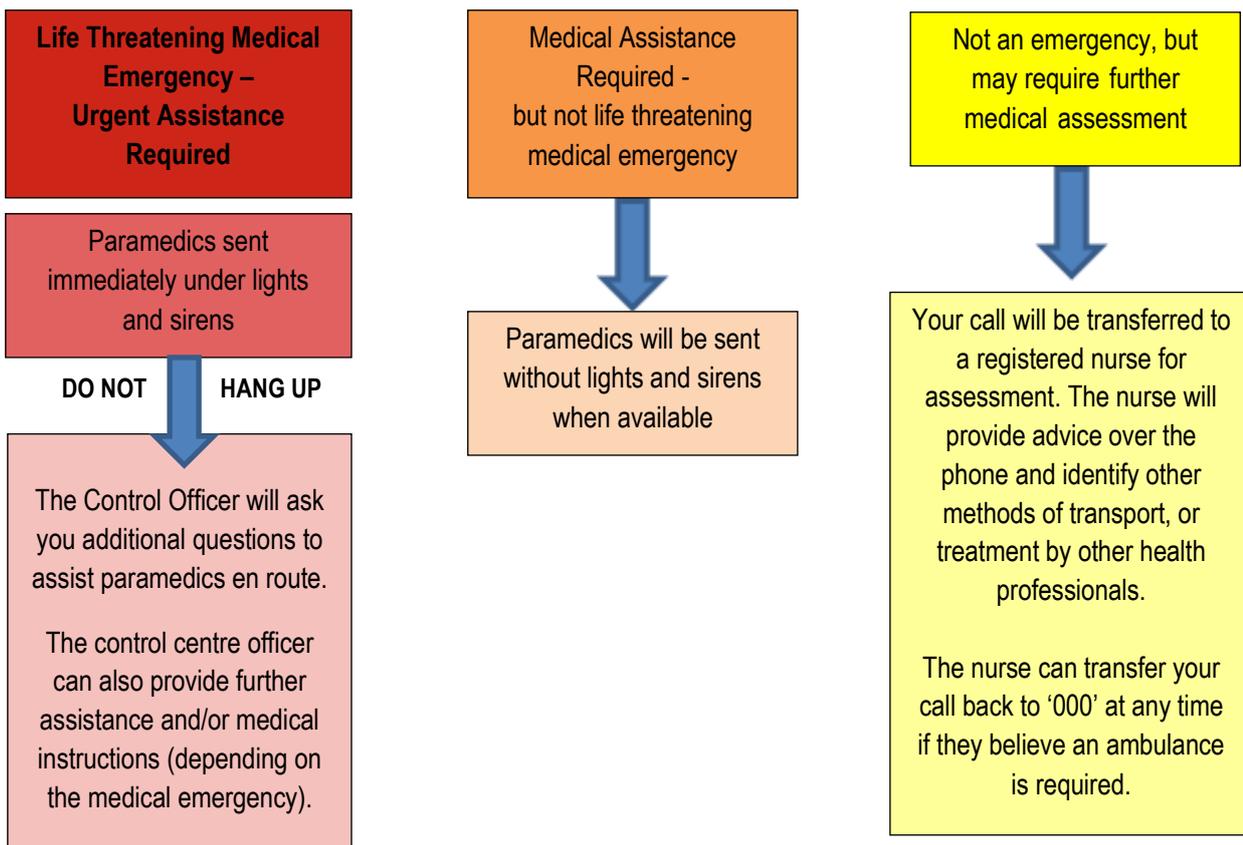
Signature of Witness:

Date

Information to be provided to 000 when calling for an ambulance



The answers to these questions will allow the operator to triage your emergency to provide one of the forms of support below:



Request for Staff Members to Administer Medication to a Student

Parents or Guardians are required to fill in the following details in order for a student to be administered medication at school.

I _____ give permission for my child
(Parent/Guardian's full name)

_____ to be administered _____
(Student's full name) (Medication name)

Dosage: _____ Method of administration: _____

Time: _____ From: ____/____/____ Until: ____/____/____

or when my child exhibits the following symptoms: _____

Signed _____ Date _____
(Parent/Guardian's Signature)

Section to be completed each morning medication is required

Name of Medication	Last administered		Any Symptoms since last administered	Signature of parent / guardian
	Time	Date		

Section to be completed by teacher after administering medication

Medication Administered				Educator Administering medication		Witness	
Time	Date	Dosage	Method	Name	Signature	Name	Signature

NB: All medication is to be stored securely, and out of reach of children.