



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

### **Children's Services Policy No 2.2**

**Date issued:** April 2015

**Replaces issue/policy:** Accident and Emergency Treatment; Incident, Injury, Trauma, Illness and First Aid Policy and Treatment of Fever and Minor Ailments

**Date effective:** November 2015

**Date revised and updated:** May 2019, October 2020; and December 2022

#### **Aim:**

- To ensure swift and 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.
- To ensure the health and safety of a child with a fever.
- To ensure that children experiencing discomfort due to pain are adequately cared for.
- 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.
- 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.

#### **Background Information:**

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. In order 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.

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.

In providing for a safe environment for all individuals that access the premises, the service will follow related Children's Services Policies below:

- Policy 2.1 – Medication
- Policy 2.3 – Medical Conditions - Asthma, Anaphylaxis, Diabetes - and other Medical Conditions
- Policy 2.4 – Child Safe Environments
- Policy 2.6 – Occupational Immunisation Policy – Child Care Staff
- Policy 2.19 – Management of Critical Incidents

#### **Relevant Legislation:**

- [Education and Care Services National Amendment Regulations 2020](#)
- [Education and Care Services National Regulations](#)
- [Public Health Amendment \(Review\) Act 2017](#)
- [NSW Work Health and Safety Regulation 2017](#)
- [NSW Public Health Regulation 2012](#)
- [Work Health and Safety Act 2011](#)
- [Work Health and Safety Regulations 2011](#)

- [Children \(Education and Care Services National Law Application\) Act 2010](#)
- [NSW Public Health Act 2010](#)

#### **Resources:**

- [Dealing with Infectious Diseases](#) – Australian Children’s Education and Care Quality Authority (2021)
- [Stopping the spread of childhood infections factsheet](#) – NSW Health
- [Staying Healthy: Preventing Infectious Disease in Early Childhood Education and Care Services](#), (5<sup>th</sup> Edition), National Health and Medical Research Council (2013)
- [Parent fact sheet, febrile convulsions](#) - The Children’s Hospital Westmead
- [Paediatric Healthcare](#) - NSW Health
- [Infectious Diseases - COVID-19 \(Coronavirus\)](#) - NSW Health
- [Latest COVID-19 news and updates](#) - NSW Government
- [Australian Children’s Education and Care Quality Authority - National Quality Standard](#) –
  - **Quality Area 2:**
    - Standard 2.1 - Elements 2.1.1, Element 2.1.2; and
    - Standard 2.2 - Elements 2.2.2 and 2.2.3.

**Note:** In this policy “staff” and “educators” refers to staff employed within Children’s Services by Willoughby City Council.

## **Definitions**

#### **Accident/Incident:**

- An accident is a term used to describe an unplanned event or incident that *has* caused an injury to a person/damage to a building etc.
- An incident is any unplanned event that *may* result in injury, harm, ill health or damage.

#### **Injury:**

A term used to describe minor conditions such as grazes or bruises, major conditions such as sprains, fractures and wounds.

#### **Illness:**

A term used to describe a disease or a period of sickness affecting the body or mind.

#### **Fever:**

A fever is the natural way the body fights infection. High temperatures do not always indicate serious 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.

#### **Febrile Convulsions:**

- 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/carers are required to provide a letter from the child’s doctor stating at what temperature any medication 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:**

A term to describe a deeply distressing or disturbing experience as well as physical injury.

**Minor Ailment (including pain):**

Children often experience pain and discomfort without a temperature. This may occur due to teething, toothache, head ache or other minor ailments.

## **Practices**

**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 are to examine the child for obvious injury, bites, cuts, burns, rashes, and attempt to identify the site of pain.
- If the child is injured, staff will administer first aid (see Administration of First Aid).
- If staff suspect the child has a raised temperature, 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, (above 37 to 38.5 degrees) staff will:**

- Contact the parents/carers to inform them the child has a temperature. At this time the parents/carers may choose to collect their child. Staff are to inform the parents/carers if the child appears unhappy, in pain or uncomfortable.
- 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** 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/carers will be asked to collect their child.

**Where the temperature is above 38.5 degrees staff will:**

- Contact the parents/carers to collect the child immediately.
  - 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 a parent/carer arrive
- \*\* Where the temperature does not fall below 38.5 degrees and the child is in pain, discomfort, discontented or the temperature continues to rise, staff will administer Paracetamol (see Administration of Paracetamol).**

**Administration of First Aid**

At a centre based service there will be two staff on the premises at all times, one of whom will hold an approved first aid certificate. Council endeavours to have all staff employed in direct care roles to hold a First Aid Certificate. Where a staff member is employed without this, Council will provide access to training within 3 months to allow them to attend the course and obtain the certificate.

***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 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 try to restrain the child;
- not place anything in the child's mouth during the convulsion; and
- lay the child on their side in the recovery position if possible.

Staff are to contact the parents/carers to collect the child and advise the parents/carers to take the child to see a Doctor as soon as possible.

**Call an ambulance if:**

- The convulsion does not stop after five minutes;
- Another convulsion starts after the first one has finished;
- If the child has trouble breathing or looks unwell. (The child will be drowsy after the convulsion); OR
- If for any reason the staff 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 centre's 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.

**\*\* Use a blue reliever puffer on its own if no spacer is available**

**Emergency First Aid for Anaphylaxis:**

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

**Administration of Paracetamol**

- Services will ensure that there is age appropriate, in date Paracetamol on the premises at all times.
- Paracetamol will be colour free, sugar free, alcohol free, aspirin free and ibuprofen free elixirs.

On enrolment the Nominated Supervisor is to check that the parent/carer has signed the authority to administer Paracetamol on the enrolment form.

The Nominated Supervisor will create a Temperature Record Chart for each child and place this on the child's file as needed.

**Where a child requires Paracetamol staff are to:**

- Complete the Temperature Record Chart and place on the child's file. Check and record every **15 mins** until the child is collected by a parent/carer;
- Contact the parent/carer and inform them that the child is ill;

- Ask parent/carer if the child was given any Paracetamol that day prior to the child attending the service;
- Inform the parent/carer that they, or a nominated person, are to collect the child from the service;
- Administer the Paracetamol as per age appropriate instructions; and
- Complete the "Record of Medication Administered" form.

### **Treatment of Pain and Minor Ailments**

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

The staff may gain verbal permission from the parents/carers to administer one dose of age appropriate Paracetamol to the child to ease the pain. A parent/carer will be 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/carers.

*For young children with baby teeth:*

- Staff are not to insert the tooth back into the child's 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/carer arrives to collect the child, give them the tooth to take to the hospital or dentist.

*For older children:*

- Handle the tooth by the crown.
- Staff should rinse the tooth or tooth fragment in clean MILK to remove blood.
- If it is considered that the child will not swallow the tooth, reinsert the tooth back into the gum, and ensure that it is placed in the correct way.
- Hold the tooth in place by biting on a clean gauze pad.
- If the tooth cannot be reinserted wrap it in cling wrap, insert clean gauze into the child's mouth to assist with bleeding.
- Once the child is collected by the parent/carer they should visit the dentist or hospital.

### **Exchange of Information with parents/carers**

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. If the scratch or graze requires a band aid, ice pack or other minor first aid staff are to provide these details on the form. This form is to be given to the parent/carer when the child is collected as a means of informing the parent/carer of the situation.

Staff may contact the parents/carers to inform them of the situation to allow parents/carers to make an informed choice on the care of their child.

### **Incident, Injury, Trauma, Illness**

Where an incident arises and staff are to administer First Aid to either a child or an adult, staff are to ensure that a first aid officer attends to the patient.

The first aid officer in charge is to treat the patient to the best of their ability, and based on the training they have received whilst obtaining the first aid certificate. Where more than one staff member holds this certificate staff may work together to treat a patient.

Emergency services should be contacted whenever the staff are concerned the illness or injury

sustained to the patient is deemed beyond their trained capacity to safely manage.

Once the staff are confident that the patient's injuries have been assessed and treated, they are to contact the parents/carers and inform them of the incident.

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/carers of that child are notified as soon as practicable but no later than **24 hours** after the incident.

**Serious Incident, Injury, Trauma or Illness of a Child in Care:**

During the enrolment process, parents/carers 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 professionals 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 Nominated Supervisor or "Responsible Person" for the service is to ensure that:

1. A staff member remains with the child until the child recovers, a parent/carer 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. Staff can refer to Accident flowchart for guidance on accessing medical care (displayed in playrooms).
3. The child is returned to the care of a parent/carer.
4. Where medication, medical or dental treatment is obtained, that a parent/carer is 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.

Staff are 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 service 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 -**

- (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).

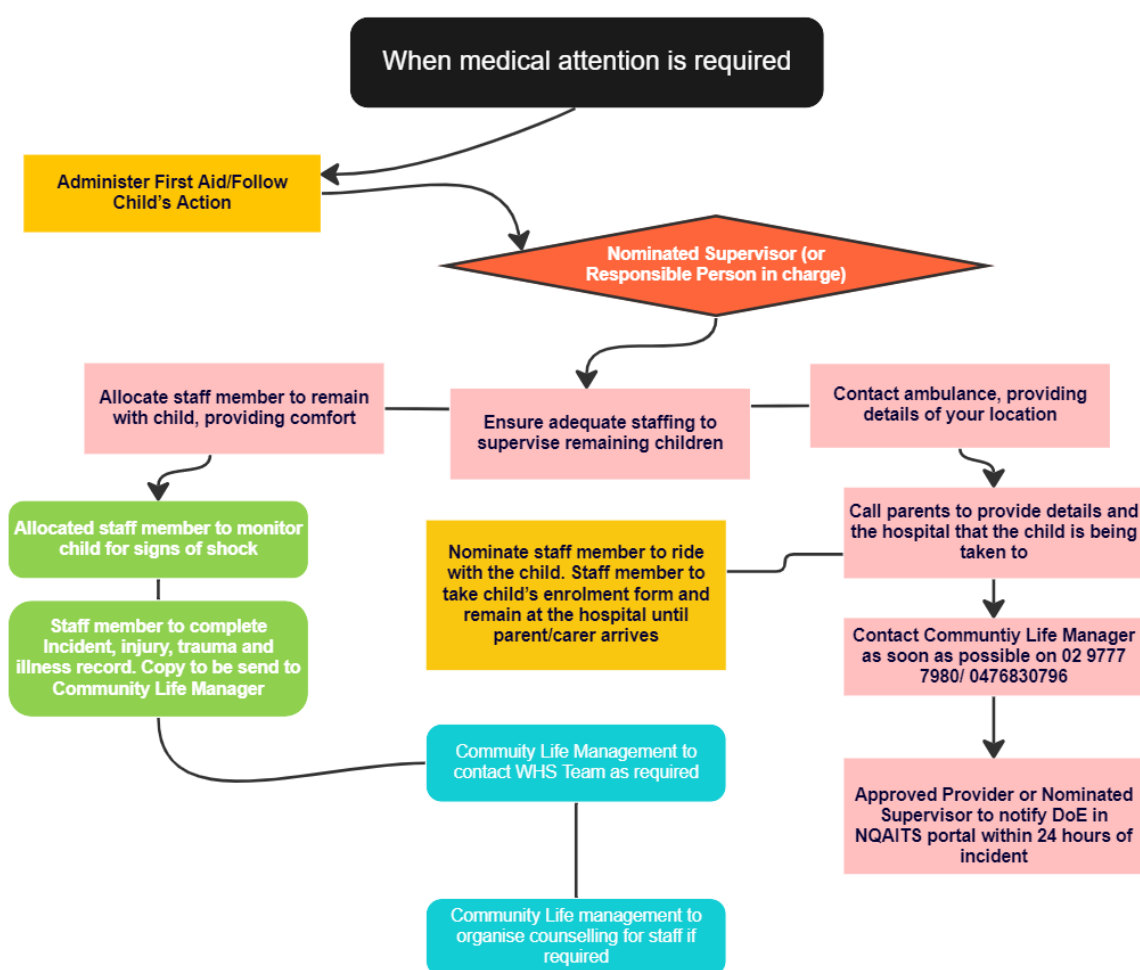
(d) any emergency for which emergency services attended; or

(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.

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

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



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## Exchange of Information with parents

Child's Name: _____		D.O.B:    /    /	
Date:    /    /		Time:    :    AM/PM	
Location where situation occurred			
Description of situation (full details please)			
Action taken (including use of ice pack or band aids)			
Witness to situation: Name: _____		Minor First Aid provided by: Name: _____	
Signature: _____		Signature: _____	
Nominated Supervisor notified: Yes / No		Items for follow up:	
Date: _____ Time: _____			
Sign: _____			
Was the parent notified prior to collecting their child: Yes / No			
Any further action required or communications received from parents:			
Date:    /    /			

Parents Name & Signature: \_\_\_\_\_

Form Completed by Educator's Name & Signature: \_\_\_\_\_





## Incident, injury, trauma and illness record

Child's last name:	Child's first name:
Date of birth: M/F Current Age of child:	Address of premises where incident, injury, trauma or illness occurred:
Date of incident/injury/trauma/illness (onset of illness): ...../...../..... Time .....	
Circumstances leading to the incident/injury/trauma/illness (e.g. symptoms):	
Details of the incident/injury/trauma/illness:	
*attach child's illness register where appropriate	
Details of injury sustained (complete diagram if needed):	
Details of first aid or medication administered:	
Witness Information: Name: _____ Address: _____ _____ Phone number: _____ Is this witness a Staff member <input type="checkbox"/> Parent <input type="checkbox"/> other <input type="checkbox"/> _____ Signature: ..... Date: .....	Witness Information: Name: _____ Address: _____ _____ Phone number: _____ Is this witness a Staff member <input type="checkbox"/> Parent <input type="checkbox"/> other <input type="checkbox"/> _____ Signature: ..... Date:..... (please attach additional pages if more than two witnesses)

<p>Details of parent/person informed :</p> <p>Name: _____</p> <p>Who is this person? _____ (e.g. Grandma)</p> <p>Address: _____ _____</p> <p>Phone Number: _____</p>	<p>Time and date of notification or attempted notification ...../...../.....</p> <p>Time <input type="text"/></p> <p>(parents/guardians must be notified as soon as practical and within 24 hours of the incident/injury/trauma)</p> <p>By Whom: _____</p>
<p>Details of any other person informed :</p> <p>Name: _____</p> <p>Who is this person? _____ (e.g. Grandma)</p> <p>Address: _____ _____</p> <p>Phone Number: _____</p>	<p>Time and date of notification or attempted notification ...../...../.....</p> <p>Time <input type="text"/></p> <p>(parents/guardians must be notified as soon as practical and within 24 hours of the incident/injury/trauma)</p> <p>By Whom: _____</p>
<p>I, ..... ( the person collecting the child), acknowledge that I have been notified of the incident, injury, trauma or illness</p> <p>Name: ..... Signature: .....</p> <p>Date: .....</p>	

\* A serious incident is an incident involving the death of a child, injury or trauma to, or illness of a child attending the service 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; any circumstances where a child attending the service appears to be missing or cannot be accounted for, appears to have been taken/removed from the service by someone other than an approved person; or is mistakenly locked in or out of the premises of any part of the premises. A serious incident must be reported to the Department of Education within 24 hours of awareness of the incident.

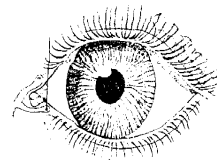
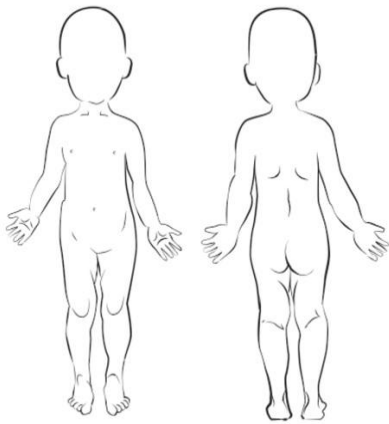
## OUTLINE OF INCIDENT

DRAW THE AREA IN WHICH INCIDENT OCCURRED USING THE KEY PROVIDED  
**KEY**

**O: INJURED CHILD    X: OTHER CHILDREN    □: STAFF SUPERVISORS**

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Injury location on Body



Have the following people been notified?

- ☐ Parents/guardians of the child involved    ☐ Children and Youth Services Team Leader  
☐ Community Life Manager    ☐ WHS Team

Details of person who notified these people:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Copy of this form given to the family   Y/N

Please note this record is to be kept until the  
child is 25 years of age:

Disposal date:

Was medical attention required Y/N

Details of any medical personnel or emergency services contacted: \_\_\_\_\_

Name of responding emergency services officer or Local Area Command details:  
\_\_\_\_\_ (where possible)

Action taken by the service:

What was the outcome of the incident/injury/trauma/illness:

Can action be taken to address the risk Y / N

Details:

Is this a serious incident (Ref Reg 12): Y / N

Was this reported to the DOE: Y / N

If Yes, date report made...../...../..... and time: : AM/PM

Document scanned into ECM: Y / N

Person who completed this report:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: / / Time: : AM/PM

## Child's Medication Record - weekly form (all service types)

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Staff are to note if medication was administered before arriving at care – note time, location and dose in the table below as the first dose.**

For Parents/guardians to Complete								For Staff to Complete							Parent/ guardian		
Date	Name of Medication + Expiry Date		Date & Time of last dose		Dose to be given	Time to be administered (or Circumstance for it to be given next)	Method of administration e.g.; eye dropper, spacer, measuring device	Parent/guardian Authorisation Name & Signature							Name & Signature of staff who administered medication	Name & Signature of Witness	Parent/ guardian Sign
	Name	Expiry	Date	Time					Name of medicine	Expiry Date	Dose given	Date	Time	Method			
								Name							Name	Name	
								Sign							Sign	Sign	
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## Child's Medication Record – Single dose (all service types)

Child's Name: \_\_\_\_\_ Date of Birth: / / Date: \_\_\_\_\_

Staff are to note if medication was administered before arriving at care – note time, location and dose in the table below as the first dose.

For Parents/guardians to Complete								
Name of Medication & Expiry Date		Date, location & Time of last dose		Dose to be given	Time to be administered (or Circumstance for it to be given next)	Method of administration e.g.; eye dropper, spacer, measuring device	Self-administration allowed Yes or No	Parents/guardians Authorisation Name & Signature
Name	Expiry	Date and location	Time					
								Name
								Sign

For Staff to Complete								Parent
						Name & Signature of staff who administered medication	Staff Witness Name & Signature	Parent Sign
Name of medicine	Expiry Date	Dose given	Date	Time	Method			
						Name	Name	
						Sign	Sign	