



Incident & Medical Emergency Management Policy

Purpose

This policy will define the:

- Procedures to be followed if a person is involved in a medical emergency or an incident at the centre that results in an injury or trauma
- Responsibilities of staff, parents/guardians and committee when a person is involved in a medical emergency or incident at the centre that results in injury or trauma
- Practices to be followed to reduce the risk of an incident occurring at the centre.

For guidelines and procedures relating to emergency events that may affect a large group of people, refer to the Emergency management policy.

Refer to Quality Improvement and Accreditation System (QIAS), Quality Practices Guide 2005, Principles 2.1, 3.2, 4.6, 5.1, 5.5, 6.1, 6.2, 6.4, 6.6, 7.2.

Policy statement

1. Values

St. Kevin's Outside of Hours School Care (OHSC) Centre is committed to:

- Providing a safe and healthy environment for all children, staff, students on placement and any other persons participating in or visiting a **St. Kevin's Outside of Hours School Care (OHSC)** program
- Responding to the needs of an injured, ill or traumatised person at the centre
- Preventing injuries and trauma
- Maintaining a duty of care to children and users of **St. Kevin's Outside of Hours School Care (OHSC)**.

2. Scope

This policy applies to the committee, staff, parents/guardians, children, volunteers and students on placement at **St. Kevin's Outside of Hours School Care (OHSC)**.

3. Background and legislation

Those responsible for managing OHSC services and caring for children have a duty of care towards those children.

Medical emergencies may include serious health issues such as asthma, anaphylaxis, diabetes, fractures, choking and seizures. Such emergencies generally involve only one child; however, they can affect everyone in the children's service. In some cases it will be appropriate to refer to the specific policy for guidance, such as Asthma and Anaphylaxis.

Relevant legislation may include but is not limited to:

- Education and Care Services National Regulations 2011 (ECSNR)
- Education and Care Services National Law Act 2010
- Health (Infectious Diseases) Regulations 2001
- Occupational Health and Safety Act 2004
- Occupational Health and Safety Regulations 2007
- Occupational Health and Safety Compliance Codes, First Aid in the Workplace (2008)
- Australian Standards AS3745–2002, Emergency control procedures for buildings, structures and workplaces.

4. Definitions

Ambulance contact card: A card that contains all the information that the ambulance service will request when phoned, including:

- The exact location of the emergency—this should include access points if in a large complex
- The centre's call back phone number
- Details of the problem—what exactly happened?
- The number of people hurt
- The age of the injured person
- Whether the person is conscious
- Whether the person is breathing.

Department of Education and Employee workplace relations (DEEWR): federal government responsible for the licensing and regulation of out of hours school care.

First aid: The provision of initial care for an illness or injury, usually provided by a lay person until definitive medical treatment can be accessed. It generally consists of a series of simple and, in some cases, potentially life-saving techniques that an individual can be trained to perform with minimal equipment. Additional medical treatment may not always be required following the administration of first aid.

Hazard: A source or a situation with a potential for harm in terms of human injury or ill health, damage to property, damage to the environment, or a combination of these

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

Injury: Any physical damage to the body caused by violence or incident.

Medication: Any substance that is administered for the treatment of an illness or medical condition.

Medical action plan: A document that has been prepared and signed by a doctor that describes symptoms/causes, clear instructions on action and treatment for the child's specific medical condition, and includes the child's name and a photograph of the child. An example of this is the Australian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.

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

Minor incident: An injury that is small and does not require medical attention.

Serious medical incident: Situation in which a child requires medical attention.

Notifiable incident (DEEWR): This includes the death of child or any incident leading to injury or trauma, requiring the attention of a registered medical practitioner or admission to hospital, while the child is being cared for or educated by the service. It also includes if a child is missing or cannot be accounted for (ECSN regulations).

Notifiable incident (occupational health and safety): Notification is required when an incident at a workplace results in death or serious injury; refer to 'Guide to incident notification, 2005' by WorkSafe.

Proprietor: The owner of the service, the primary nominee or any person who manages or controls the service.

Qualified staff member: Either a teaching staff member (holds an early childhood qualification at degree level or above; or recognised equivalent) or a staff member who has successfully completed a two-year full-time or part-time equivalent post-secondary early childhood qualification or a recognised and approved equivalent.

Staff member: A person who is aged eighteen years or over and who is employed or has been appointed or engaged to be responsible for the care or education of children at the children's service (does not include volunteers or visiting early childhood intervention staff).

Trauma: An emotional wound or shock that often has long-lasting effects; any physical damage to the body caused by, for example, violence or incident.

5. Sources and related centre policies

Sources

- DEECD, Community Service Organisations Insurance Manual (available at www.vmia.vic.gov.au)
- DEECD, Children's Services Guide and Practice Notes
- NHMRC 2005, *Staying Healthy in Childcare: Preventing Infectious Diseases in Childcare*, 4th edition, available at www.nhmrc.gov.au/publications or email nhmrc.publications@nhmrc.gov.au
- WorkSafe Victoria Guide notes
- Where to get help:
 - o In an emergency, call 000
 - o Poisons Information Centre: 131 126
 - o Emergency department of the nearest hospital
 - o Nurse-on-Call: 1300 606 024—for expert health information and advice (24 hours, 7 days)
 - o Your doctor

Centre policies

- Administration of medication
- Anaphylaxis management
- Asthma
- Emergency management
- Excursion and centre events
- Hygiene
- Illness
- Management of infectious diseases
- Occupational health and safety
- Privacy

Procedures

The committee is responsible for:

- Providing and maintaining an up-to-date, fully equipped first-aid kit (ECSN regulations) that meets Australian Standards (see [Attachment 2](#), 'First-aid kits')
- Ensuring that safety signs showing the location of first-aid kits are clearly displayed
- Ensuring that all staff have a current first-aid certificate that includes accredited asthma and anaphylaxis training and training in other areas, as prescribed in ECSN regulations
- Ensuring that staff have access to medication, accident, injury, trauma and illness forms and WorkSafe incident report forms
- Consulting with staff in relation to identification and risk assessment of any hazards that may cause injury
- Developing procedures for the removal or minimisation of those hazards
- Ensuring that documentation for notifiable incidents is submitted to WorkSafe, DEEWR and the public liability insurer if required
- Reviewing the cause of any incident, injury, near miss or medical emergency and taking appropriate action to remove the cause if required
- Ensuring that completed medication, accident, injury, trauma and illness records are archived and stored securely for twenty-five years
- Ensuring that the premises are kept clean and in good repair (ECSN regulations)
- Developing a hazard inspection checklist (see [Attachment 1](#), 'Sample hazard identification checklist'), which clearly identifies hazardous conditions and the overall safety of the centre that may cause injury to people at **St Kevin's OHSC**
- Ensuring that regular inspections of the centre, using the hazard inspection checklist, are conducted

- Ensuring that appropriate action is taken when a hazard is detected (ECSN regulations)
- Ensuring that the orientation and induction of new and relief staff include an overview of their responsibilities in the event of an incident or medical emergency
- Nominating a first-aid officer (required only where there are ten or more employees)
- Ensuring that the nominated first-aid officer has a current Level 2 (Senior) first-aid qualification
- Offering Hepatitis B vaccinations to first-aid officers (other staff may also be included if they are at risk of contact with blood products).

Staff are responsible for:

- Ensuring that children's enrolment forms provide authorisation for the centre to seek emergency medical treatment by a medical practitioner, hospital or ambulance service (ECSN regulations)
- Monitoring the first-aid kit and arranging with the committee for it to be replenished to maintain standards (ECSN regulations)
- Maintaining appropriate first-aid qualifications, including asthma and anaphylaxis (ECSN regulations)
- Ensuring that an ambulance contact card is displayed near all telephones
- Ensuring that volunteers and parents on duty are aware of children's medical management plans and their responsibilities in the event of an incident or medical emergency
- Responding immediately to any incident, injury or medical emergency (ECSN regulations)
- Implementing individual children's medical management plan, where relevant
- Providing first aid (ECSN regulations) and comfort for the child as required, ensuring that all children are adequately supervised (refer to the Supervision policy)
- Notifying parents/guardians immediately after the incident, injury or medical emergency, or as soon as practicable, depending on the severity of the incident or injury and the wellbeing of the child (ECSN regulations)
- Requesting the parents/guardians make arrangements for the child or children involved in an incident or medical emergency to be collected from the centre, or informing parents/guardians if an ambulance has been called
- Notifying other person/s as authorised on the child's enrolment form when the parents/guardians are not contactable
- Recording details of any incident, injury or illness in the Accident, injury, trauma and illness record book as soon as practicable but no later than twenty-four hours after the incident (ECSN regulations)
- Ensuring that regulatory and legislative responsibilities are met in relation to any incident, injury or medical emergency
- Notifying the committee six months prior to the expiration of their first-aid, asthma or anaphylaxis accredited training
- Maintaining all enrolment and other medical records in a confidential manner (ECSN regulations); refer to the Privacy policy
- Regularly checking equipment, as well as indoor and outdoor areas, for hazards and taking the appropriate action when hazard is identified to ensure the safety of the children (ECSN regulations)
- Assisting the committee with regular hazard inspections (see [Attachment 1](#), 'Sample hazard identification checklist')
- Reviewing the cause of any incident, injury or illness and taking appropriate action to remove the cause if required; for example, nail protruding from climbing equipment, centre's Hygiene policy not being practised and trip hazards (ECSN regulations)
- Notifying the regional DEEWR office by telephone within twenty-four hours of an incident involving the death of a child; any incident, illness or trauma that requires treatment by a registered medical practitioner or admission to a hospital (ECSN regulations and the Act)

- Ensuring that an incident report is completed and a copy forwarded, as soon as practicable, to the regional DEEWR office and the committee of management (ECSN regulations)
- Ensuring that the following contact numbers are displayed at each telephone:
 - o 000, including the Ambulance contact card
 - o DEEWR regional office
 - o Committee representatives
 - o Asthma Victoria: (03) 9326 7055 or toll free 1800 645 130
 - o Victorian Poisons Information Centre: 13 11 26
 - o Local council or shire.

When there is a medical emergency, staff will:

- Call an ambulance where necessary
- Administer first aid and provide care and comfort to the child prior to the parents/guardians or ambulance arriving (ECSN regulations)
- Implement the child's current medical management plan (where appropriate)
- Notify parents/guardians, as soon as practicable, of any serious medical emergency, incident or injury concerning the child, and request the parents/guardians make arrangements for the child to be collected from the centre and/or inform the parents/guardians that an ambulance has been called (ECSN regulations)
- Notify other person/s as authorised on the child's enrolment form if the parents/guardians are not contactable
- Ensure that ongoing supervision of all children in attendance (ECSN regulations)
- Accompany the child in the ambulance when the parents/guardians are not present, provided that staff-to-child ratios can be maintained at the centre
- Notify the committee of the medical emergency as soon as practicable
- Completing and submitting an incident report to DEEWR, the committee and public liability insurer following a notifiable incident (ECSN regulations).

The parents/guardians are responsible for:

- Providing authorisation in their child's enrolment record for the centre to seek emergency medical treatment by a medical practitioner, hospital or ambulance service (ECSN regulations)
- Payment of any costs incurred when an ambulance service is called to attend to their child at the centre
- Notifying the centre, upon enrolment or diagnosis, of any medical conditions and/or needs and any management procedure to be followed with respect to that condition or need (ECSN regulations)
- Ensuring that they provide the centre with a current medical management plan if applicable (ECSN regulations)
- Collecting their child as soon as possible when notified of an incident or medical emergency involving their child
- Informing the centre of an illness that has been identified while the child has not attended the centre that may impact on the health and wellbeing of children, staff and parents attending the centre, such as German measles.

Evaluation

In order to assess whether the policy has achieved the values and purposes, the committee will:

- Assess feedback from staff, parents/guardians regarding the policy
- Monitor complaints and reports/outcomes of incidents at the centre
- Review and analyse information gathered from random checks of enrolment forms, Accident, injury, trauma and illness records and staff first-aid records.

Attachments

- [Attachment 1](#): Sample hazard identification checklist
- [Attachment 2](#): First-aid kits (checklist)

Authorisation

This policy was adopted at a meeting of the **St. Kevin's OHSC** committee of management held on **August 2017**.

Review date: August 2018



Hazard Identification Checklist

Complete this checklist each month and give to president.

If any box is marked with a cross, it is deemed to be unsatisfactory and will need to be followed up using an appropriate risk assessment and control checklist. Please refer to Committee.

Date: _____
Inspected by: _____
Signature: _____

NOTE ✓ = Satisfactory x = Unsatisfactory

1. Floors

- ☐ Even surface and in good repair.
- ☐ Surface free from tripping and slipping hazards (such as oil, water, sand)
- ☐ Surface likely to become excessively slippery when wet

Comments: _____

2. Kitchen and work benches

- ☐ Adequate work space and benches at comfortable working height
- ☐ Clean and clear of clutter
- ☐ Equipment not in use kept in place
- ☐ Lighting satisfactory
- ☐ Ventilating fan in good working order
- ☐ Kitchen appliances clean and in good order

Comments: _____

3. Emergency evacuation

- ☐ Staff knowledge of fire drills and emergency evacuation procedures
- ☐ Fire drill instructions displayed
- ☐ Regular fire drill conducted
- ☐ Extinguishers in place, recently serviced and clearly marked for type of fire
- ☐ Exit signs posted and clear of obstruction
- ☐ Exit doors easily opened from inside

Comments: _____

4. Security and lighting

- ☐ Security lighting (building)
- ☐ Good natural lighting
- ☐ No direct or reflected glare
- ☐ Light fittings clean and in good repair

- ☐ Emergency lighting operable (torch)

Comments: _____

5. Windows

- ☐ Clean, admitting plenty of daylight
- ☐ No broken panes

Comments: _____

6. Steps and landings

- ☐ No unsafe surfaces
- ☐ Adequate protective railing in good condition

Comments: _____

7. Ladders and steps

- ☐ Stored in proper place
- ☐ No broken or missing rungs or other defects
- ☐ Conform to Australian standards
- ☐ Used to access equipment stored above shoulder height

Comments: _____

8. Chemicals and hazardous substances

- ☐ All chemicals clearly labelled
- ☐ Chemicals stored in locked cupboard
- ☐ Material safety data sheets provided for all hazardous substances

Comments: _____

9. Storage (internal and external)

- ☐ Storage designed to minimise lifting problems
- ☐ Materials stored securely
- ☐ Shelves free of dust and rubbish
- ☐ Floors clear of rubbish or obstacles
- ☐ Dangerous material or equipment stored out of reach of children

Comments: _____

10. Manual handling and ergonomics

- ☐ Trolleys or other devices used to move heavy objects
- ☐ Heavy equipment (such as planks and trestles) stored in a way that enables them to be lifted safely
- ☐ Adult-sized chairs are provided and used (to avoid staff needing to sit on children's chairs)
- ☐ Workstations set up with chair at the correct height, phone, mouse and documents within easy reach and screen adjusted properly
- ☐ Work practices avoid the need to sit or stand for long periods at a time

Comments: _____

11. Electrical

- ☐ Guards around heaters
- ☐ Equipment not in use properly stored

- ☐ Electrical equipment has been checked and tagged
- ☐ Use of extension leads, double adaptors and power-boards are kept to a minimum
- ☐ No broken plugs, sockets or switches
- ☐ No frayed or defective leads
- ☐ No temporary leads on floor
- ☐ Power outlet covers in place

Comments: _____

12. Internal environment

- ☐ Hand-washing facilities and toilets clean and in good repair.
- ☐ Adequate ventilation around photocopiers and printers

Comments: _____

13. First aid and infection control

- ☐ Staff have appropriate first-aid qualifications and training (CSR r63)
- ☐ First-aid cabinet clearly marked and accessible only to staff
- ☐ Cabinet fully stocked and meets Australian Standards ([Attachment 2](#))
- ☐ Provision of disposable gloves
- ☐ Infection control procedure in place
- ☐ Current emergency telephone numbers displayed

Comments: _____

14. External areas

- ☐ Fencing of a minimum height of 1.5 metres is secure and unscaleable (no breaches in the fence or materials left adjacent that would assist children to scale the fence)
- ☐ Childproof locks fitted to gates
- ☐ Paving and paths have an even surface and are in good repair
- ☐ Paving and path surfaces free of slipping hazards, such as sand
- ☐ Soft-fall and grass areas free of hazards
- ☐ Equipment and materials used in good repair and free of hazards

Comments: _____

15. Equipment

- ☐ Furniture and play equipment in good repair (no protruding bolts, nails splinters)
- ☐ Impact-absorbing material under all equipment where fall height could exceed 0.5 metre
- ☐ Guardrails provided for play equipment over 1 metre

Comments: _____

16. Sun protection

- ☐ Supply of SPF 30+ broad spectrum, water-resistant sunscreen provided for use by children and staff
- ☐ Sunhats provided for all staff required to work in the sun
- ☐ Sun protection policy in place, which requires staff and children and others who work in the sun to use sunscreen and an appropriate sunhat

Comments: _____

Attachment 2 - First-aid kits (checklist)

The *Occupational Health and Safety Act 2004* requires all workplaces to have a first-aid kit that meets the requirements for that organisation. The Act compliance code lists the minimum requirements for a first-aid kit, including:

- ☐ Basic first-aid notes
- ☐ Disposable gloves
- ☐ Resuscitation mask
- ☐ Individually wrapped sterile adhesive dressings
- ☐ Sterile eye pads (packet)
- ☐ Sterile coverings for serious wounds
- ☐ Triangular bandages
- ☐ Safety pins
- ☐ Small sterile unmedicated wound dressings
- ☐ Medium sterile unmedicated wound dressings
- ☐ Large sterile unmedicated wound dressings
- ☐ Non-allergenic tape
- ☐ Rubber thread or crepe bandage
- ☐ Scissors
- ☐ Tweezers
- ☐ Suitable book for recording details of first-aid provided
- ☐ Sterile saline solution
- ☐ Plastic bags for disposal.

First-aid kits should be stored in a container that:

- ☐ Is well organised
- ☐ Is kept in a dry, cool location.
- ☐ Protects the contents from dust and damage
- ☐ Is easily recognisable
- ☐ Is not locked
- ☐ Is out of reach of children.

First-aid kits must be kept stocked at all times and use-by dates checked regularly. It may be appropriate to have a number of kits, including a portable kit for excursions or evacuations.

Items that may be reused, such as scissors and tweezers, need to be thoroughly cleaned using warm, soapy water or an alcohol swab after each use.

Medicines in first-aid kits

Painkillers including analgesics, such as paracetamol and aspirin, are considered medications. The Victorian WorkCover Authority advises first-aid kits for workplaces should not contain medications because of the risk of adverse reactions. First aid is defined as the provision of emergency treatment and life support for people suffering injury or illness, so the dispensing of medication would generally not fall within this definition.

Last reviewed August 2016