

## Incident Injury, Trauma and Illness Policy

### NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

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### RATIONALE

The health and safety of children in education and care services is the responsibility of all approved providers and educators. Policies and procedures (including documented records) must be in place to effectively manage the event of any incident, injury, trauma and illness that occurs in the program by law.

Incidents, injury and trauma can be minimised with regular maintenance and thorough planning of the environment. Risk of accidents can be directly related to a child's growth and developmental stage. Educators/Staff are aware of potential hazards depending on each child's stage of development, and take precautions.

Educating parents/guardians and educators/staff in accident prevention and children's ability to learn safe habits at an early age will prevent potential accidents occurring.

### AIMS

To prevent potential incidents, injury and trauma from occurring whilst people are utilising KAZ Early Learning Centre.

To ensure, in the event of an incident, injury, trauma or illness, that all requirements are complied with and appropriate First Aid treatment is administered.

Maintain communication with families to ensure that they are informed of any incidents, injury, trauma and illness to their child/ren as required;

Ensure that records of any incident, injury, trauma and illness are documented, transmitted to the Early Childhood Education Directorate, NSW Department of Education as required and kept in storage according to regulatory requirements; and

Ensure that this policy is implemented in conjunction with our Emergency, Evacuation and Lockdown policy.

## **PROCEDURE**

The approved provider, nominated supervisor and educators will consider the development of children's wellbeing as paramount to the educational philosophy of the service. All educators will be aware of the development of wellbeing, and children's emerging capabilities, and plan the program accordingly.

Educators will complete the *Open and Close Procedures* for the indoor and outdoor environments and sign it off at the beginning and end of each day.

If there are any concerns or issues that cannot be addressed immediately by educators/staff carrying out the procedure, the educators/staff will contact the Nominated Supervisor or Manager immediately. Any concerns will also be discussed at a staff meeting of the service.

Educators will set up only activities and experiences that are appropriate for the children's age and developmental stage.

At all times educators/staff will maintain required ratios as stated in the *Education and Care Services National Regulations* and ensure that all children are constantly supervised.

Educators will hold a current approved first aid certificate. The Manager/Supervisor on Duty will ensure that at all times there is an educator with First Aid, Anaphylaxis and Emergency Asthma training on the premises at all times.

Educators/Staff will directly supervise water play activities and ensure that water is tipped out at the end of each play session.

The Nominated Supervisor/WH&S officer will carry out formal WH&S site inspections every 3 months and discuss checks with the Approved Provider.

Hazard and Incident Report Forms will be completed for any Incidents, Injuries, or Trauma involving children or educators/staff including personal injury, near miss and hazards in the environment. Hazard and incident report forms will be forwarded immediately to the Approved Provider (refer to *WH&S Policy*).

Educators/Staff will immediately ensure children are unable to access any dangerous or broken equipment or area within the environment (report this to the nominated supervisor).

KAZ Early Learning Centre will maintain and repair all buildings and equipment. Repairs and maintenance will be prioritised and repairs carried out according to risk.

KAZ Early Learning Centre will ensure that immediate action will be taken in the case of any incident, injury, trauma, or illness, and accident or emergency treatment is initiated as well as accurate records completed and kept (**National Regulation 85, 86, 87, 183(2)(b)**).

## **Strategies**

- Ensure enrolment forms have Panadol authorisation included and signed.
- Staff are aware of signs of illness and are aware of responsibilities and procedures.

- Parents/guardians have been issued with Incident, Injury, Trauma & Illness Policy on enrolment.
- Ensure the symptoms are not infectious and to minimise the spread of an infection, medical advice is required to ensure a safe and healthy environment.
- Symptoms indicating illness may include:
  - Behaviour that is unusual for the individual child
  - High temperature or fevers
  - Loose bowels
  - Faeces that are grey, pale or contains blood
  - Vomiting
  - Discharge from the eye or ear
  - Skin that display rashes, blisters, spots, crusty or weeping sores
  - Stiff muscles or joint pain
  - Continuous scratching of scalp or skin
  - Sore throat
  - Persistent, prolonged or severe coughing
  - Difficulty breathing

### **Administration of First Aid**

When an accident, injury or illness occurs, requiring staff to administer first aid, a staff member with current first aid qualifications must be the one to administer the treatment.

Staff will:

- Assess the situation for any further danger to themselves or others;
- Ensure no further danger is present and clear children away from the accident site and continue with the normal routine.
- Respond to the injury, illness or trauma needs of the child or adult into the capability of their training in first aid, asthma or anaphylaxis. Referral to the child's medical management plan and risk minimisation plan should be made.
- Staff will wear gloves whilst attending to a child who is bleeding.
- Staff are to practice hygiene procedures such as disposal of gloves, used gauze/wipes/tissues, etc after treatment.
- Notify the Nominated Supervisor/ Responsible Person and parents/guardians, of the incident, illness, injury or trauma the same day that it occurs.
- The Nominated Supervisor or other responsible person is to sight and sign the form.
- 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).
  - Notify a parent/guardian or authorised nominee that the child requires medical attention from a medical practitioner.
  - Contact a parent/guardian or authorised nominee to collect the child from the service if required.
- If first aid is administered, an Incident, Injury and Trauma or Illness report is to be filled out by the staff member present at the time of the accident and the staff member who treated the child/adult. Information should be recorded as soon as possible in the Accident/Injury Register, and within 24 hours after the incident, injury, trauma or illness. This will state:
  - Date and time of accident.

- Where the accident occurred.
  - Nature of incident/injury trauma (be specific).
  - Parent/person contacted and the time they were contacted (if necessary).
  - Adult witnesses.
  - Name of child/adult.
  - Circumstances of the accident (be specific).
  - Treatment given.
  - Person who administered the first aid.
  - Signed by staff member.
- The parent/guardian is to sight and sign the form and receive a copy within 24 hours of the incident injury or trauma. If contact is not possible on the day of the accident, the nominated supervisor or Responsible Person must contact parents by phone or in person as soon as possible the next day.
  - A copy of the form is to be put in the child's file.
  - The National Regulations require that an incident, injury, trauma and illness record be kept, and that the record be accurate and remain confidentially stored until the child is 25 years old (**National Regulation 183(2)(b)**).
  - Continue to monitor the child's condition. If the child's condition deteriorates, then the Nominated Supervisor or Responsible Person is to assess the situation and if necessary, call an ambulance, the parents/guardians or other emergency contacts nominated in the enrolment form. If either of these staff members are unavailable, then another member of staff is to do this, and the Nominated supervisor or Responsible Person is to be notified as soon as possible.
  - If the parents/guardians are not available and a child needs to go to hospital by ambulance, a staff member is to go with them. A casual staff member must be called to come urgently to maintain staff/child ratios as per the Education and Care Services National Regulation (**National Regulation 123**).
  - Remaining staff are to continue to try to contact the parents/emergency contacts.
  - A copy of the child's enrolment form is to be taken to the hospital by the staff member accompanying the child.
  - If a child requires hospitalisation, the Nominated Supervisor or Responsible Person is to contact the regulatory authority, the Early Childhood Education and Care Directorate via NQA ITS Portal within 24 hours.
  - In case of a death of a child in care, the Nominated Supervisor or Responsible Person must immediately give notice of the fact to:
    - The parent/guardian of the child.
    - The Police.
    - The regulatory authority, the Early Childhood Education and Care Directorate within 24 hours.
    - The Approved Provider of the service.

### **Illness/ High Temperature**

If an educator notices that a child has a high temperature of 38°C or higher:

- They are required to take the temperature of the child and notify responsible person.
- Take off any excess clothing and socks.
- Give a cool cloth to wipe down the child's face and body.
- Make sure the child has access to water to keep them hydrated.
- Check child's enrolment form for permission to administer Panadol.

- There must be two staff members present at the time of administration and one of which must be a responsible person of the service.
- Administer Panadol/ Paracetamol according to the age of the child. Dosage amount can be found on the Panadol/ Paracetamol label.  
\*Ensure that the Panadol/ Paracetamol is the correct age group for child.
- Record temperature on their medication record at time of fever and continue to monitor temperature if the child is still in attendance at the service.
- The parents/guardians should be called to come and collect the child within the hour of being notified.  
\*This is only acceptable if the parent/guardian or authorised nominee, who is on their way to collect and cannot do so within a reasonable time frame, that being within 15 to 20 mins.
- Verbal authorisation without written authorisation is acceptable only when two staff members receive the verbal authorisation. In all instances, the parent/guardian or authorised nominee must be on their way to collect the child. If the parent/guardian or any other authorised nominee in the child's file does not answer the call to administer Panadol/Paracetamol and the child has permission on their enrolment form the, the Nominated Supervisor or Responsible Person is able to administer Panadol/Paracetamol and sign off for it if the child is in distress from feeling unwell.

The child is not allowed to return to the service until 24 hours AFTER their LAST fever.

Incidents (injuries and trauma) are categorised according to the seriousness of the injury and educators/staff carry out procedures, as determined by each category.

**Accident/ Incident Categories** are as follows:

A – Potential Fatality	Classified as an incident, which by its seriousness may or could have resulted in the death of the child.
B – Major Injury	Classified as life threatening or requiring urgent medical attention. For example, a child who has broken a leg, a large wound, is unconscious, choking or fitting.
C – Moderate Injury	Classified as an injury requiring medical attention, but not life threatening, for example a cut requiring stitches; a broken finger or a tooth through a lip.
D – Minor Injury	Classified as an injury requiring first-aid treatment only, such as a bump, bite or scratch.

If children have accidents at the service, educators/staff will need to follow either the:

- *Procedure for a Child Requiring an Ambulance* (Cat A & B) or
- *Procedure for a Child Not Requiring an Ambulance* (Cat C & D)

Forms to be completed if a child has an accident or injury at the service:

- *Incident, Injury, Trauma and Illness Report* (All Categories)
- *ACECQA Notification of Incident (When deemed a Serious Incident)* submitted via the NQA IT System [www.acecqa.gov.au](http://www.acecqa.gov.au).

Where an educator/staff member has been involved in an injury to a child (whether or not it is accidental) this must be clearly indicated on the *Incident, Injury, Trauma and Illness Report* form. The nominated supervisor will telephone the Approved Provider immediately and follow their instructions.

## Serious Incident/ Injury

If the incident/ injury has required the administrations of a medical practitioner or the child has attended hospital, it will be considered a serious incident.

If the attention of a medical practitioner was sought or the child attended hospital due to the injury, trauma or illness the incident is considered a serious incident and notification must be made within 24 hours of the incident occurring.

To decide if an injury, trauma or illness is a 'serious incident' when the child did not attend a medical practitioner or hospital, the following should be considered:

- Was more than basic first aid needed to manage the injury, trauma or illness?
- Should medical attention have been sought for the child?
- Should the child have attended a hospital or an equivalent facility?

### Serious incidents also include: (National Regulation 12)

- The death of a child.
- An incident at the service where the emergency services attended or should have attended.
- A child is missing.
- A child has been taken from the service without the authorisations required under National Regulation
- A child is mistakenly locked in or out of the service.

If the service only becomes aware that the incident was serious afterwards, notification to the regulatory authority within 24 hours of becoming aware that the incident was serious will be made. Notification using form I01 Notification of Incident will be made. This can be accessed and uploaded via the NQA IT portal.

The Approved Provider will also notify the regulatory authority in writing:

- Within 24 hours of any complaints alleging that the safety, health or wellbeing of a child is being compromised at the service. **(National Regulation 176 (2)(i))**.
- Any head injuries
- Fractures
- Burns
- Removal of appendages.
- Meningococcal infection.
- Anaphylactic reaction requiring hospitalisation.
- Witnessing violent or a frightening event.
- Epileptic seizures.
- Bronchiolitis.
- Whooping cough.
- Measles.
- Diarrhoea requiring hospitalisation.
- Asthma requiring hospitalisation.
- Sexual assault.
- Within 7 days of any circumstances arising at the Service that pose a risk to the health, safety and wellbeing of a child.

## NSW Health Notifiable Diseases and Illnesses

- Diphtheria
- Mumps
- Poliomyelitis
- Haemophilus influenzae Type b (Hib)
- Meningococcal disease
- Rubella ("German measles")
- Measles
- Pertussis ("whooping cough")
- Tetanus

### **Responsibilities of the Approved Provider**

- Ensure that the parent of the child is notified as soon as a practicable, but no longer than 24 hours after the occurrence, if the child is involved in any incident injury, trauma or illness while the child is being educated and cared for by the education and care services.
- The Approved Provider of the education and care service must ensure that an incident, injury, trauma and illness record is kept in accordance with this regulation (**National Regulation 183(2)(b)**).
- Ensuring that the children's enrolment forms provide authorisation for the service to seek emergency medical treatment by a medical practitioner, hospital or ambulance service (**National Regulation 161(2)(a)**).
- Ensuring that an incident report is completed and a copy forwarded to the regulatory authority as soon as is practicable but not later than 24 hours after the occurrence (**National Regulation 86**).
- Ensuring that there is a minimum of one educator with a current approved first aid qualification on the premises at all times (**National Regulation 136(1)**).
- Ensure there is permission on all enrolment forms that parents/guardians must tick whether they allow Panadol to be administered by the educators at the service should their child require it.
- Ensure that I01 forms are submitted for any and all serious incidents.

### **Responsibilities of the Nominated Supervisor**

- Notifying parents/guardian immediately after an incident, injury, trauma or medical emergency, or as soon as is practicable (**National Regulation 86**).
- Requesting the parents/guardians to make arrangements for the child or children involved in the incident or medical emergency to be collected from the service or informing parent/guardians if an ambulance has been called.
- Notifying other person/s as authorised in the child's enrolment form when the parents/guardians are not contactable.
- Must ensure ACECQA is notified of any serious incident, injury, trauma or illness through the ACECQA NQA ITS portal that have required medical treatment with 24 hours attached with relevant information and documentation (**National Regulation 86**).
- Reviewing the cause of incident, injury, trauma and illness and taking appropriate actions to remove cause if required.
- Ensure that responsible persons of the service are administering medication if necessary.
- The Nominated Supervisor will ensure a copy of this policy is available to the families and provided to parents when they enrol their child.

- Ensure first aid qualified educators are present at all times on the roster and in the Service.
- Ensure first aid kits are suitably equipped and checked on a regular basis.
- Ensure first aid kits are easily accessible when children are present at the Service and during excursions.
- Ensure first aid, anaphylaxis management training, and asthma management training is current and updated as required.
- Ensure adults or children who are ill are excluded for the appropriate period.
- Parents/guardians are notified of any infectious diseases circulating the Service within 24 hours of detection.

### **Responsibilities of the Educators**

- Record details of any incident, injury or illness in the Incident, Injury, Trauma and Illness Record as soon as the practical but no later than 24 hours.
- Seek further medical attention if required.
- Ensure that two people are present any time medication is being given to children in care and that the Nominated Supervisor or responsible person is notified before administering.
- Ensure that all children have opportunities to engage in experiences that enhance their sense of wellbeing and allow children to develop a sense of assessing risks for themselves as appropriate;
- Consider the planning of the physical environment and experiences, ensuring that the spaces are safe;
- Thoughtfully group children to effectively manage supervision and any potential risks to children's health and wellbeing;
- Respond to children in a timely manner. Provide reassurance and ensure children's emotional and physical wellbeing is paramount at all times;
- Be aware of the signs and symptoms of illness/trauma, and update their understanding as part of their ongoing professional development;
- Be aware of individual children's allergies and immunisation status and use this knowledge when attending/responding to any incident, injury or illness;
- Respond to children showing signs of illness and begin monitoring the symptoms of the child, and recording as appropriate. Educators will contact the child's authorised person to inform them of the illness signs, or to request the collection of the child;
- In response to a child registering a high temperature, follow procedures for temperatures, and complete the incident, injury, trauma and illness record as required; (refer to Medication and Illness Policy)
- Maintain appropriate work health and safety standards when attending to children's injuries and applying first aid;
- Develop partnerships with families and use this understanding to guide the development of practice in relation to individual children's emerging capabilities;
- Check that equipment and furniture in the service is well maintained and that any materials that may be hazardous are removed or repaired.
- Ensure that hazardous items are inaccessible to children; and
- Be involved in regularly reviewing and discuss policy and procedure and consider any improvements that need to be made to this policy.

### **Responsibilities of the Family**



- Be informed of policies and procedures upon enrolment with regards to first aid, illness whilst at the service, and exclusion practices, including immunisation status and illnesses at the service;
- Inform the service of their child's particular requirements, and provide any relevant paperwork to the service, such as immunisation status, letters from a medical professional etc;
- Be notified of any incident, injury, trauma, or illness as soon as is practicable, but no later than 24 hours after the noted incident, and will be provided with a copy of the report;
- Receive access to this policy and notification of its existence;
- Have the opportunity to provide input into the review and effectiveness of policies and procedures of the service via various methods; and
- Be provided access to information on children's development, the service program, and relevant resources (such as Kidsafe, SIDs and Kids, for example) from the service.

### **First Aid Kits**

The Nominated Supervisor or delegate will ensure the Services first aid kits are stocked in accordance with the *WH&S Policy*. First aid kits will include a portable first aid kit for excursions and emergency evacuations.

All permanent and casual educators/staff will be informed of the location of all first aid kits.

Required supplies must be maintained and expiry dates checked by a 3 monthly audit. Expired items must be discarded safely and replaced. See *First Aid Checklist*.

### **Transportation of children:**

Under no circumstances are educators/staff to transport children by car.

In the case of an accident or serious illness, educators/staff must ring an ambulance to transport the child to hospital for treatment.

Children are to be accompanied by a primary contact caregiver nominated by the Supervisor on Duty if the parents/guardian or the emergency contact person(s) are unavailable. If a child is transported by ambulance, KAZ Early Learning Centre's Approved Provider is to be contacted immediately informing them of the situation and whether or not the service will be below minimum staff ratios.

Siblings or children of the person travelling in the ambulance are to remain at the service with educators until a parent/guardian or emergency contact person(s) collects them. If educators/staff are unable to contact any of the listed people they will contact the police.

#### **KAZ Early Learning Centre Related Policies and Procedure:**

WHS Risk Management Policy  
 First Aid Policy  
 Provide a Child Safe Environment Policy  
 Health, Medication and Illness Policy  
 Emergency and Evacuation and Lockdown Policy

#### **Appendices:**

Procedure for a Child Requiring an Ambulance (Cat A & B)  
 Procedure for a Child Not Requiring an Ambulance (Cat C & D)  
 Incident, Injury, Trauma and Illness Report

**Related Statutory Obligations & Considerations****Sources:****Australian Children’s Education & Care Quality Authority (ACECQA)**<https://www.acecqa.gov.au/resources/applications>**Children (Education and Care Services) National Law (NSW) No 104a**<https://www.legislation.nsw.gov.au/#/view/act/2010/104a/full>**Education and Care Services National Regulations**<https://www.legislation.nsw.gov.au/#/view/regulation/2011/653/full>**Work Health and Safety Act 2011**

NSW Health and Safety Act 2011

[www.kidsafe.com.au](http://www.kidsafe.com.au)

Workplace Injury and Management and Workers Compensation Act 1988

**Related Telephone Numbers**

- Early Childhood Education and Care Directorate - 1800 619 113
- Emergency Service – 000
- ACECQA - 1300 422 327

**REVIEW:**

This policy will be updated to ensure compliance with all relevant legal requirements every year. Appropriate consultation of all stakeholders (including staff and families) will be conducted on a timely basis. In accordance with Regulation 172 of the *Education and Care Services National Regulation*, families of children enrolled will be notified at least 14 days and their input considered prior to any amendment of policies and procedures that have any impact on their children or family.

**Amendment**

NQS added, web links updated, responsibilities of Approved provider and nominated supervisors added.

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October 2019

**Review Date:**

October 2020

Family, Educator and Staff Comments: