

INCIDENT, INJURY, TRAUMA AND ILLNESS

QUALITY AREA 2 | ELAA version 1.1

Purpose



This policy defines:

- procedures to be followed if a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma
- responsibilities of staff, parents/guardians and the approved provider when a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma
- practices to be followed to reduce the risk of an incident occurring at the service.



POLICY STATEMENT

VALUES

Denzil Don Kindergarten is committed to:

- providing a safe and healthy environment for all children, staff, volunteers, students and any other persons participating in or visiting the service
- responding to the needs of an injured, ill or traumatised child at the service
- preventing injuries and trauma
- preventing the spread of illness through simple hygiene practices, monitoring immunisation records and complying with recommended exclusion guidelines
- maintaining a duty of care to children and users of Denzil Don Kindergarten

SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers, educators, staff, students, volunteers, parents/guardians, children and others attending the programs and activities of Denzil Don Kindergarten, including during offsite excursions and activities.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/guardians	Contractors, volunteers and students
Ensuring that the premises are kept clean and in good repair	√	√	√		√
Maintaining effective supervision (<i>refer to Supervision of Children Policy</i>) for all enrolled children in all aspects of the service's	√	√	√		

program that reflects the children’s needs, abilities, age and circumstances					
Regularly checking indoor and outdoor equipment for hazards (<i>refer to Attachment 1</i>), and taking appropriate action to ensure the safety of the children when a hazard is identified	√	√	√		
Being proactive, responsive and flexible in using professional judgments to prevent injury from occurring	√	√	√		√
Providing easily accessible communication facilities to ensure prompt communication to and from parents/emergency services	√	√	√		
Ensuring staff have access to medication, Incident, Injury, Trauma and Illness forms (<i>available from ACECQA – refer to Sources</i>) and WorkSafe Victoria incident report forms (<i>refer to Sources</i>)	√	√			
Ensuring the service has an <i>Occupational Health and Safety Policy</i> and processes that outline the steps for effectively identifying, managing and reviewing risks and hazards that may cause injury, and reporting notifiable incidents to appropriate authorities (<i>refer to Occupational Health and Safety Policy</i>)	√	√	√		
Ensuring there is a minimum of one educator with a current approved first aid qualification on the premises at all times (<i>refer to Administration of First Aid Policy</i>)	√	√			
Ensuring there are an appropriate number of up-to-date, fully equipped first aid kits that are accessible at all times (<i>refer to Administration of First Aid Policy</i>)	√	√	√		
Ensuring children’s enrolment forms include at least two nominees with authorisation for the service to seek emergency medical treatment by a medical practitioner, hospital or ambulance service (<i>Regulations 161</i>)	√	√		√	
Notifying the service, upon enrolment or diagnosis, of any medical conditions and/or needs, and management procedure to be followed with respect to the condition/need (<i>Regulation 162</i>)				√	
Informing the service of an infectious disease or illness that has been identified while the child has not attended the service, and that may impact on the health and wellbeing of other children, staff and parents/guardians attending the service				√	
When applicable, ensuring the service is provided with a current medical management plan (<i>Regulation 162(d)</i>)				√	
Notifying the service when a child will be absent from the program				√	
Notifying staff if there is a change in the condition of a child’s health, or if there have been any recent accidents or incidents that may impact the child’s care such as bruising or a head injury.	√	√	√	√	√
Responding immediately to any incident, injury or medical emergency (<i>refer to procedures and Administration of First Aid policy</i>)	√	√	√		
Ensuring a parent/guardian of a child is notified as soon as is practicable and no later than 24 hours after the occurrence, if a	√	√	√		

child is involved in any incident, injury, trauma or illness while at the service (<i>Regulation 86</i>)					
Notifying authorised nominees as per the child's enrolment form when the parents/guardians are not contactable	√	√	√		
Considering the emotional wellbeing of all children and educators during and following an accident, injury, trauma or illness events	√	√	√		
Ensuring regulatory and legislative responsibilities are met in relation to any incident, injury or medical emergency	√	√	√		
Ensuing notifications of serious incidents (<i>refer to Definitions</i>) are made to the regulatory authority (DET) (<i>refer to Definition</i>) through the NQAIT System (<i>refer to Definitions</i>) as soon as is practicable but not later than 24 hours after the occurrence	√	√			
Recording details of any incident, injury or illness in the Incident, Injury, Trauma and Illness Record (<i>refer to Definitions</i>) as soon as is practicable but not later than 24 hours after the occurrence	√	√			
Signing the Incident, Injury, Trauma and Illness Record, thereby acknowledging that they have been made aware of the incident				√	
Reviewing and evaluating processes after an incident or illness as part of the quality improvement process and taking appropriate action to remove any identified caused. Eg: removing a protruding nail from equipment or training staff so they adhere to the service's <i>Hygiene Policy</i>	√	√	√		
Ensuring that completed medication records are kept for 3 years after the child's last attendance (<i>Regulation 92, 183</i>)	√	√			
Ensuring that Incident, Injury, Trauma and Illness Records are maintained and stored securely until the child is 25 years old (<i>Regulations 87, 183</i>) (<i>refer to Privacy and Confidentiality Policy</i>)	√	√			
Communicating with families with cultural sensitivity when discussing children's health requirements and implementing individual children's medical management plans, where relevant	√	√	√	√	
Being contactable, either directly or through emergency nominees provided on a child's enrolment form, in the event of an incident requiring medical attention				√	
Requesting parents/guardians make arrangements for a child involved in an incident or medical emergency to be collected from the service, or informing parents/guardians if an ambulance has been called	√	√	√	√	
Collecting a child as soon as possible when notified of an incident, injury or medical emergency involving their child				√	
Arranging payment of all costs incurred when an ambulance service required for their child at the service				√	
BOLD tick √ indicates legislation requirement					



PROCEDURES

Ensuring that the following contact numbers are displayed in close proximity of each telephone:

- 000
- DET regional office
- Approved provider
- Asthma Victoria: (03) 9326 7088 or toll free 1800 645 130
- Victorian Poisons Information Centre: 13 11 26
- Local council or shire.

When there is a medical emergency, all 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
- implement a child's current medical management plan, where appropriate
- notify parents/guardians as soon as is practicable of any serious medical emergency, incident or injury concerning a child, and request the parents/guardians make arrangements for the child to be collected from the service and/or inform the parents/guardians that an ambulance has been called
- notify authorised nominees on the child's enrolment form if the parents/guardians are not contactable
- ensure ongoing supervision of children in attendance at the service
- accompany a child in the ambulance when the parents/guardians are not present, provided that staff-to-child ratios can be maintained
- notify the approved provider of the medical emergency, incident or injury as soon as is practicable
- complete and submit an incident report to DET, the approved provider and the service's public liability insurer following a serious incident.

When a child develops symptoms of illness while at the service, all staff will:

- observe the symptoms of children's illnesses and injuries and systematically record and share this information with families (and medical professionals where required)
- ensure the nominated supervisor or centre coordinator, or person in day-to-day charge, contacts the parents/guardians or authorised emergency contact for the child
- request the child is collected from the service if not well enough to participate in the program
- ensure the child is separated from the group and a staff member remains with the child until the child recovers or a parent/guardian arrives, or another responsible person takes charge
- call an ambulance (*refer to definition of medical emergency*) if a child appears very unwell or has a serious injury that needs urgent medical attention
- ensure that the child is returned to the care of the parent/guardian or authorised emergency contact person as soon as is practicable
- ensure that, where medication, medical or dental treatment is obtained, the parents/guardians are notified as soon as is practicable and within 24 hours, and are provided with details of the illness and subsequent treatment administered to the child
- ensure that the approved provider is notified of the incident
- ensure that the Incident, Injury, Trauma and Illness Record is completed as soon as is practicable and within 24 hours of the occurrence.

Details that must be entered in the Incident, Injury, Trauma and Illness Record include the following:

- name and age of the child

- circumstances leading to the incident, injury or trauma, or relevant circumstances surrounding the child becoming ill (including any symptoms)
- time and date the incident occurred, the injury was received or the child was subjected to the trauma, or the apparent onset of the illness
- action taken by the service, including any medication administered, first aid provided or medical personnel contacted
- details of anyone that witnessed the incident, injury or trauma, or the apparent onset of illness
- name of any person the service notified, or attempted to notify, of any incident, injury, trauma or illness that a child suffered while being educated and cared for by the service, and the time and date of the notifications/attempted notifications
- name and signature of the person making an entry in the record, and the time and date the entry was made
- signature of a parent/guardian to verify that they have been informed of the occurrence.

All information will be included in the Incident, Injury, Trauma and Illness Record as soon as is practicable, but not later than 24 hours after the incident, injury or trauma, or the onset of the illness.



BACKGROUND AND LEGISLATION

BACKGROUND

People responsible for managing early childhood services and caring for children have a duty of care for those children. All service staff have a responsibility and a duty of care to act to prevent accidents and emergencies at the service.

An approved service must have policies and procedures in place in the event that a child is injured, becomes ill or suffers trauma. These procedures should be followed and must include the requirement that a parent/guardian be notified in the event of an incident, injury, illness or trauma relating to their child as soon as possible and within 24 hours of the occurrence.

The *National Regulations* require an accurate Incident, Injury, Trauma and Illness Record to be kept and stored confidentially until the child is 25 years old (*Regulation 183(2)*).

Under the national legislation, each service must ensure that an entry is recorded in the Incident, Injury, Trauma and Illness Record for the following occurrences:

- an incident in relation to a child, an injury received by a child or trauma to which a child has been subjected
- an illness that becomes apparent.

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 specific policies for guidance, such as the *Dealing with Medical Conditions Policy, Asthma Policy, Anaphylaxis Policy, Diabetes Policy and Epilepsy Policy*.

LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Australian Standards AS3745–2002, Emergency control procedures for buildings, structures and workplaces
- Education and Care Services National Law Act 2010: Section 174(2)
- Education and Care Services National Regulations 2011: Regulations 77, 85–87, 103, 177, 183
- Public Health and Wellbeing Act 2008 (Vic)
- Public Health and Wellbeing Regulations 2009 (Vic)
- Occupational Health and Safety Act 2004 (Vic)
- Occupational Health and Safety Regulations 2007
- WorkSafe Victoria Compliance Code: First aid in the workplace (2008)

- National Quality Standard, Quality Area 2: Children’s Health and Safety
- National Quality Standard, Quality Area 3: Physical Environment
- National Quality Standard, Quality Area 7: Governance and Leadership
- Therapeutic Goods Act 1989 (Cth)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: www.legislation.vic.gov.au
- Commonwealth Legislation – Federal Register of Legislation: www.legislation.gov.au



DEFINITIONS

The terms defined in this section relate specifically to this policy. For regularly used terms e.g. Approved Provider, Nominated Supervisor, Notifiable Complaints, Serious Incidents, Duty of Care, etc. refer to the Definitions file on Denzil Don Kindergarten website.

Emergency services: ambulance, fire brigade, police and state emergency services.

First aid: provision of initial care in response to an illness or injury. It generally consists of a series of techniques to preserve life, protect a person (particularly if unconscious), prevent a condition worsening and promote recovery. First aid training should be delivered by approved first aid providers, and a list of these is published on the ACECQA website: www.acecqa.gov.au

Hazard: a source or 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.

Illness: sickness and/or associated symptoms that affect a child’s normal participation in the program.

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

Incident, Injury, Trauma and Illness Record: written record of any incident, injury, trauma or illness that occurs while a child is being educated and cared for by the service. The Approved Provider must ensure an Injury, Trauma and Illness Record is kept in accordance with *Regulation 87 of the Education and Care Services National Regulations 2011* and kept for the time specified in *Regulation 183*.

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

Medication: any substance, as defined in the *Therapeutic Goods Act 1989 (Cth)*, administered for the treatment of an illness or medical condition.

Medical management plan: a document 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 Australasian Society of Clinical Immunology and Allergy (ASCIA) action plan for anaphylaxis.

Medical attention: includes a visit to a registered medical practitioner or attendance at a hospital.

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

Minor incident: incident that results in an injury that is minor and does not require medical attention.

Trauma: emotional wound or shock that may have long-lasting effects or any physical damage to the body that was caused by violence or an event.



SOURCES AND RELATED POLICIES

SOURCES

- ACECQA sample forms and templates: www.acecqa.gov.au

- Building Code of Australia: www.abcb.gov.au
- Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition, 2013) National Health and Medical Research Council: www.nhmrc.gov.au
- VMIA Insurance Guide, Community Service Organisations program: www.vmia.vic.gov.au
- WorkSafe Victoria: Guide to Incident Notification: www.worksafe.vic.gov.au
- WorkSafe Victoria: Online notification forms: www.worksafe.vic.gov.au

RELATED POLICIES

- Administration of First Aid
- Administration of Medication
- Anaphylaxis
- Asthma
- Child Safe Environment
- Dealing with Infectious Diseases
- Dealing with Medical Conditions
- Delivery & Collection of Children
- Diabetes
- Emergency and Evacuation
- Epilepsy
- Excursions and Service Events
- Hygiene
- Occupational Health and Safety
- Privacy and Confidentiality
- Road Safety and Safe Transport



EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- review and analyse information gathered from the Incident, Injury, Trauma and Illness Record and staff first aid records regarding incidents at the service
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (*Regulation 172 (2)*).



ATTACHMENTS

- Attachment 1: Hazard identification checklist



AUTHORISATION

This policy was adopted by the approved provider of Denzil Don Kindergarten on 07/10/2021.

REVIEW DATE: 07 / OCTOBER / 2023

ATTACHMENT 1. HAZARD IDENTIFICATION CHECKLIST

Date: 7 October 2021

Inspected by: Natalie Kruger (Coordinator)

Hazard	Yes	No	Comments
1. Floors			
Surface is even and in good repair	√		
Surface is free from tripping and slipping hazards (eg: oil, water, sand)	√		
Surface is safe (eg: not likely to become excessively slippery when wet)	√		
2. Kitchen and work benches			
Work bench space is adequate and at comfortable working height	√		
Kitchen bench is clean and free of clutter	√		
Equipment not in use is properly stored	√		
Lighting is satisfactory	√		
A door or gate restricts child access to the kitchen	√		
Ventilation fan is in good working order	√		
Kitchen appliances are clean and in good working order	√		
3. Emergency evacuation			
Staff have knowledge of fire drills and emergency evacuation procedures	√		
Fire drill instructions are displayed prominently in the service	√		
Regular fire drills are conducted	√		
Extinguishers are in place, recently serviced and clearly marked for type of fire	√		
Exit signs are posted and clear of obstructions	√		
Exit doors are easily opened from inside	√		
4. Security and lighting			
Security lighting is installed in the building	√		
There is good natural lighting	√		
There is no direct or reflected glare	√		
Light fittings are clean and in good repair	√		
Emergency lighting (ie: torch) is readily available and operable	√		
5. Windows			
Windows are clean, admitting plenty of daylight	√		
Windows have no broken panes	√		

6. Steps and landings			
All surfaces are safe	√		
There is adequate protective railing in good condition	√		
7. Ladders and steps			
Ladders and steps are stored appropriately	√		
Ladders and steps are free of defects such as broken/missing rungs	√		
Conform to Australian Standards	√		
Appropriately used when accessing equipment stored above shoulder height	√		
8. Chemicals and hazardous substances			
All chemicals are clearly labelled	√		
All chemicals are stored in locked cupboard	√		
9. Storage (internal and external)			
Storage is designed to minimise lifting problems	√		
Materials are stored securely	√		
Shelves are free of dust and rubbish	√		
Floors are clear of rubbish or obstacles	√		
Dangerous material or equipment is stored out of reach of children	√		
10. Manual handling and ergonomics			
Trolleys are used to move heavy objects	√		
Heavy equipment (such as planks and trestles) is stored in a way that enables it to be lifted safely	√		
Adult-sized chairs are provided and used for staff (to avoid sitting on children's chairs)	√		
Workstations are set up with the chair at the correct height	√		
Workstations are set up with office equipment in easy reach	√		
11. Electrical			
There are guards around heaters	√		
Equipment not in use is properly stored	√		
Electrical equipment has been checked and tagged	√		
Use of extension leads, double adaptors and power boards is kept to a minimum	√		
Plugs, sockets or switches are in good repair	√		
Leads are free of defects and fraying	√		
Floors are free from temporary leads	√		
There are power outlet covers in place	√		

12. Internal environment			
Hand-washing facilities and toilets are clean and in good order	√		
There is adequate ventilation around photocopiers and printers	√		
13. First aid and infection control			
Staff have current approved first aid qualifications and training	√		
First aid cabinet is clearly marked and accessible	√		
Cabinet is fully stocked and meets Australian Standards (refer to <i>Administration of First Aid Policy</i>)	√		
Disposable gloves are provided	√		
Infection control procedures are in place	√		
Current emergency telephone numbers are displayed	√		
14. External areas (Moreland Council undertakes a safety inspection of the outdoor spaces, including equipment, of Denzil Don Kindergarten annually)			
Fencing is secure, unscalable and at a height prescribed by the Building Code of Australia (no breaches in the fence or materials left adjacent that may assist children to scale it)	√		
Child-proof locks are fitted to gates	√		
Paving and paths have an even surface and are in good repair	√		
Paving and path surfaces are free of slipping hazards, such as sand	√		
Soft-fall and grass areas are free of hazards	√		
Equipment and materials used are in good repair and free of hazards	√		