

INCIDENT, INJURY, TRAUMA AND ILLNESS



Reviewed May 2023

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POLICY STATEMENT

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.

Under the National Legislation, an education and care service must record details 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
- Trauma to which a child has been subjected
- An illness that becomes apparent

GOALS

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 service. Young children's innate desire to explore and test their growing capabilities is essential in developing wellbeing. Educators must consider their understanding of all the elements of wellbeing, and ensure that programs also acknowledge the importance of risk management to provide a safe environment and reasonably protect children from potential harm.

STRATEGIES

INCIDENT, INJURY, TRAUMA AND ILLNESS REPORT

Details entered in the Incident, Injury, Trauma and Illness record include the following:

- The name and age of the child;
- The circumstances leading to the incident, injury or trauma, or relevant circumstances surrounding the child becoming ill (including any symptoms);
- The time and date of incident occurred, the injury was received or the child was subjected to the trauma, or the apparent onset of the illness;
- The action taken by the service, including any medication administered, first aid provided or medical personnel contacted;
- Details of any person who witnessed the incident, injury or trauma or the apparent onset of illness;
- The 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;
- The name and signature of the person making an entry in the record, and the time and date that the entry was made; and
- 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 practicable, but no later than 24 hours after the incident, injury or trauma, or the onset of the illness.

PREVENTATIVE STRATEGIES

- 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.
- Complete daily Environmental checklist (via OWNA). Including equipment in both indoor and outdoor areas for hazards, and take the appropriate action to ensure the safety of the children when a hazard is identified.
- Reviewing the cause of any incident, injury or illness and taking appropriate action to remove the cause if required.
- Provide staff with access to appropriate up to date information, or professional development on the management of incidents.
- Maintain high levels of supervision at all times.
- Review supervision plans regularly.

ROLES AND RESPONSIBILITIES

Approved Provider responsibilities

- Ensuring that the premises are kept clean and in good repair
- Ensuring that completed medication records are kept until the end of 3 years after the child's last attendance (Reg 92, 183).
- Ensuring that a parent/guardian of the child is notified as soon as is practicable, but not later than 24 hours after the occurrence, if the child is involved in any incident, injury, trauma or illness while at the service (Reg 86).
- Ensuring that incident, injury, trauma and illness records are kept stored securely until the child is 25 years old (Reg 87, 183).
- Ensuring that there is a minimum of one staff member or one Nominated Supervisor at the service with a current approved first aid, asthma and anaphylaxis management qualification on the premises at all times.
- Ensuring that children's enrolment forms provide authorisation for the service to seek emergency medical treatment by a medical practitioner, hospital or ambulance service and transportation of the child by an ambulance service.
- Ensuring that an incident report is completed and, if defined under the National Regulations as a serious incident, make the required notifications to the Regulatory Authority within the required time-frame.

Nominated Supervisor responsibilities

- Notifying parents / guardians immediately after an incident, injury, trauma or medical emergency, or as soon as practicable.
- Requesting the parents / guardians make arrangements for the child or children involved in an incident or medical emergency to be collected from the service, 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.
- Ensuring that regulatory and legislative responsibilities are met in relation to any incident, injury or medical emergency.
- Maintaining all enrolment and other medical records in a confidential manner.

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- VI. Regularly checking equipment in both indoor and outdoor areas for hazards, and taking the appropriate action to ensure the safety of the children when a hazard is identified.
- VII. Reviewing the cause of any incident, injury or illness and taking appropriate action to remove the cause if required.
- VIII. Notifying families of this policy's existence and providing them with access.
- IX. Providing access to information on children's development, the service program, and relevant health and wellbeing resources from the service.

Educator responsibilities

- I. Recording details of any incident, injury or illness in the Incident, Injury, Trauma and Illness record as soon as is practicable but not later than 24 hours after the occurrence.
- II. Seeking further medical attention for a child if required.
- III. Being aware of the signs and symptoms of illness / trauma.
- IV. Being aware of individual children's allergies and immunisation status and to use this knowledge when attending / responding to any incident, injury or illness.
- V. Responding 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.
- VI. Provide a copy of the Incident report to parent/guardian once signed and upon collection of the child.
- VII. In response to a child registering a high temperature, follow procedures for temperatures, and complete the incident, injury, trauma and illness record as required.

Family's responsibilities

- I. Being 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.
- II. Informing the service of their child's particular requirements, and provide any relevant paperwork to the service, such as immunisation status, health plans, allergies, etc.

RELATED GUIDELINES, STANDARDS, FRAMEWORKS, LEGISLATION

National Quality Standards

Quality Area 2: Children's Health and Safety – Standards 2.1, 2.1.1, 2.1.2
Quality Area 3: Physical Environment – Standard 3.1, 3.1.2
Quality Area 7: Governance and Leadership – Standard 7.1.2

Office of the Childrens Guardian: Child Safe Standards

Standard 1: Child safety is embedded in the organisational leadership, governance and culture.
Standard 3: Families and communities are informed and involved.
Standard 7: Staff are equipped with the knowledge, skills and awareness to keep children safe through continual education and training.
Standard 10: Policies and procedures document how the organisation is child safe.

Legislation

Education and Care Services National Law Act 2010: Section 174(2), 165, 167.

Education and Care Services National Regulations 2011: Regulations 85-89, 95, 97, 103-104, 117, 161, 168, 177, 183.

Work Health and Safety Act 2011

Australian Standard AS 3745-2010 Planning for emergencies in facilities.

RESOURCES / USEFUL LINKS

ACECQA – www.acecqa.gov.au

NHMRC Staying Healthy: Preventing infection diseases in early childhood and education and care services (5th edition)

MONITORING, EVALUATION AND REVIEW

This policy will be monitored to ensure compliance with legislative requirements and unless deemed necessary through the identification of practice gaps, the service will review this Policy every two years. Families and staff are essential stakeholders in the policy review process and will be given opportunity and encouragement to be actively involved. In accordance with R. 172 of the Education and Care Services National Regulations, the service will ensure that families of children enrolled at the service are notified at least 14 days before making any change to a policy or procedure that may have significant impact on the provision of education and care to any child enrolled at the service; a family's ability to utilise the service; the fees charged or the way in which fees are collected.