

Early Learning

Incident, Injury, Trauma and Illness Policy

Overarching Statement

The *Keeping Children Safe Policy* of the Uniting Church in Australia Synod of Victoria and Tasmania (refer to *Sources*) is the overarching whole of church policy to be implemented by individuals and entities involved with or connected to the Uniting Church. All children who are involved in any of the Church's activities, events or programs have a right to feel and be safe. The Church is committed to provide safe environments where children are cared for, respected, nurtured and sustained.

Policy Statement

Uniting Early Learning is committed to:

- providing a safe and healthy environment for all children, staff, volunteers, students on placement and any other persons participating in or visiting the service;
- promptly responding to the needs of an injured, ill or traumatised child/person 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 the service.

Executive Summary

The wellbeing of children, staff, volunteers, students and visitors is of high priority to Uniting Early Learning. Responsible for managing early childhood services and caring for children requires all involved to have a duty of care towards those children and act to effectively respond, manage and prevent accidents and emergencies at the service.

Prevention strategies are essential to protect those participating in a children's program from foreseeable risk of harm, injury and infection. Each service must have an occupational health and safety policy and procedures that outline the process for effectively identifying, managing and reviewing risks and hazards. Environmental, health, behavioural factors and workplace procedures will require consideration to ensure the minimisation of risk in the context of the service environment.

Staff must be able to identify and monitor signs and symptoms of any injury, trauma and illness and accurately complete all administrative requirements to systematically document and report these. Any concerns are to be communicated promptly to the relevant people, including the notification of parents. Services must follow the incident reporting and escalation process and ensure they comply with any regulatory or legislative responsibility.

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Current Environmental Context

All educators on the premises will have an approved first aid qualification.

Policies and procedures in place will guide staff to prevent or respond immediately to identified issues, administer first aid when appropriate and report any incident, injury or medical emergency.

Documentation to provide accurate records must be maintained, kept and stored until the child is 25 years of age.

Workplace safety for all staff is essential and procedures for controlling the risks associated with hazardous tasks must be engaged. Under the Occupational Health and Safety Act both employers and employees have responsibilities to ensure the health and safety of individuals while working. This duty extends to any person who may be affected by the organisation's activities, and includes children and volunteers.

Medical emergencies may include serious health issues such as asthma, anaphylaxis, diabetes, fractures, choking and seizures. In some cases, the decision to call an ambulance will need to be made by the person in day-to-day in charge of the service.

Attachment 9a: Responsibilities relating to the Incident, Injury, Trauma and Illness Policy

Attachment 9b: Documentation requirements

Attachment 9c: Serious incident reporting and escalation process

Attachment 9d: Hierarchy of Reporting Serious Incident/Injury/Trauma and Illness

Attachment 9e: Notification reporting process

Attachment 9f: Procedure for child requiring an ambulance

Form 9.1: Incident, injury, trauma and illness record

Form 33.2: Daily Environmental Safety Check

Form 33.3: Daily lock-up check

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Reference/Sources

This policy should be read in conjunction with:

Keeping Children Safe Policy of the Uniting Church in Australia Synod of Victoria and Tasmania, Approved June 2015:

<https://www.victas.uca.org.au/UCA%20Resources/Documents/Keeping%20Children%20Safe%20Policy.pdf>

<i>Administration of First Aid Policy</i>	<i>Administration of Medication Policy</i>
<i>Anaphylaxis Policy</i>	<i>Asthma Policy</i>
<i>Dealing with Infectious Diseases Policy</i>	<i>Dealing with Medical Conditions Policy</i>
<i>Diabetes Policy</i>	<i>Emergency and Evacuation Policy</i>
<i>Enrolment and Orientation Policy</i>	<i>Epilepsy Policy</i>
<i>Excursions Regular Outings and Service Events Policy</i>	<i>Occupational Health and Safety Policy</i>
<i>Privacy and Confidentiality Policy</i>	

- Children’s Services Act 1996, S26, 27, 29
- Children’s Services Regulation 2009, R37, 41(g), 44, 63, 65, 66, 67
- 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
- *Managing Trauma and Ways to Recover* Component 4 Helping children who are experiencing mental health difficulties. Kids Matter (sourced April 2017) www.kidsmatter.edu.au
- National Quality Standard, Quality Area 2: Children’s Health and Safety, Quality Area 3: Physical Environment, Quality Area 7: Leadership and Service Management
- Occupational Health and Safety Act 2004 (Vic)
- Occupational Health and Safety Regulations 2007
- Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition, 2013) National Health and Medical Research Council: <http://www.nhmrc.gov.au/guidelines/publications/ch55>
- WorkSafe Victoria Compliance Code: First aid in the workplace (2008)
- WorkSafe Victoria: Online notification forms: <http://www.worksafe.vic.gov.au/safety-and-prevention/health-and-safety-topics/incident-notification>

Authorisation

This policy was adopted by Uniting Early Learning on: 10th May 2017

Review

This policy is to be reviewed by: 10th June 2018

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Attachment ga - Responsibilities relating to the Incident, Injury, Trauma and Illness Policy

National Regulations & Act

AP=Approved Provider
NS=Nominated Supervisor
CS=Certified Supervisor

Victorian Regulations & Act

L=Licensee
PN=Primary Nominee
N=Nominee

Action	Approved Provider/ Licensee	NS, S, PN & N	Educators	Parents
Ensure the premises are kept clean and in good repair	x			
Ensure that staff have access to medication, incident, injury, trauma and illness forms and WorkSafe Victoria incident report forms	x			
Ensure the service has access/copy of the organisational occupational health and safety policy and procedures that outline the process for effectively identifying, managing and reviewing risks and hazards that are likely to cause injury, and reporting notifiable incidents to appropriate authorities (<i>refer to Occupational Health and Safety Policy</i>)	x			
Support staff to report any notifiable incident to Worksafe Victoria	x	x		
Support staff to report any serious incidents to the Department of Education and Training (DET)	x	x		
Support staff to report any legislative or regulatory breaches to the DET	x	x		
Support staff to report any concerns for a child's wellbeing to ChildFIRST	x	x		
Support staff to report any concerns for a child in need for protection to the Child Protection Unit	x	x		
Ensure that completed medication records are kept until the end of 3 years after the child's last attendance	x			
Ensure that a parent of the child is notified as soon as is practicable, but no later than 12 hours after the occurrence, if the child is involved in any incident, injury, trauma or illness while at the service	x	x	x	
Ensure that incident, injury, trauma and illness records are kept and stored securely until the child is 25 years old (<i>Form 9.1</i>)	x			
Ensure all educators on the premises have a current approved first aid qualification	x	x		
Ensure that there are an appropriate number of up-to-date, fully equipped first aid kits that are accessible at all times	x			
Ensure 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	x			
Ensure that children's enrolment forms provide authorisation for the service to seek emergency medical treatment by a medical practitioner, hospital or ambulance service	x			

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Action	Approved Provider/ Licensee	NS, S, PN & N	Educators	Parents
Ensure that an appropriate incident reporting and escalation process is in place and followed at the service (refer to <i>Attachment 9c</i>)	x	x		
Notify the Regulatory Authority (DET) in writing within 24 hours of a serious incident (refer to <i>Glossary</i>) and within the required time frame for a notifiable complaint/incident (refer to <i>Glossary</i>)	x			
Ensure that the following are displayed near all telephones: <ul style="list-style-type: none"> Emergency number 000 DET regional office Approved Provider/ Licensee Asthma Victoria: (03) 9326 7055 or toll free 1800 645 130 Victoria Poisons Information Centre: 13 11 26 local council or shire 		x	x	
Ensure that volunteers and parents on duty are aware of which children have a medical management plans and their responsibilities in the event of an incident, injury or medical emergency		x	x	
Respond immediately to any incident, injury or medical emergency		x	x	
Implement individual children's medical management plans, where relevant		x	x	
Request that parents make arrangements for the child or children involved in an incident or medical emergency to be collected from the service, or informing parents if an ambulance has been called		x		
Notify other person/s as authorised on the child's enrolment form when the parents are not contactable		x	x	
Record details of any incident, injury or illness in the <i>Incident, Injury, Trauma and Illness Record</i> as soon as is practicable but not later than 12 hours after the occurrence		x	x	
Ensure that regulatory and legislative responsibilities are met in relation to any incident, injury or medical emergency		x	x	
Maintain all enrolment and other medical records in line with the <i>Privacy and Confidentiality Policy</i>		x	x	
Regularly check 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. (Refer to <i>Form No: 33.2 & 33.3</i>)		x	x	
Investigate and review the cause of the incident and rectify if practical, or alternatively report the incident and seek assistance to remove the cause immediately		x	x	
Follow the Incident Reporting and Escalation Process (refer to <i>Attachment 9c</i>) at the service		x	x	
Notify the Nominated Supervisor/Primary Nominee, Early Years Manager, Approved Provider/ Licensee immediately in the event of a serious incident (refer to <i>Glossary</i>) or notifiable		x	x	

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Action	Approved Provider/ Licensee	NS, S, PN & N	Educators	Parents
complaint/incident (refer to <i>Glossary</i>)				
Notify parents on the door of the service if there has been an outbreak of an infectious disease or illness that has been identified, and that may impact on the health and wellbeing of children, educators and parents attending the service		X		
<p><u>In a medical emergency (includes: incident and injury):</u></p> <ul style="list-style-type: none"> call an ambulance, where necessary administer first aid, and provide care and comfort to the child prior to the parents or ambulance arriving implement the child's current medical management plan, where appropriate notify parents as soon as is practicable of any serious medical emergency, incident or injury concerning the child, and request the parents make arrangements for the child to be collected from the service and/or inform the parents that an ambulance has been called notify other person/s as authorised on the child's enrolment form, if the parents are not contactable ensure ongoing supervision of all children in attendance at the service when the parents are not present, if required and with the ambulance officer's consent, accompany the child in the ambulance, provided that staff-to-child ratios can be maintained at the service 			X	
<p><u>When a child develops symptoms of illness:</u></p> <ul style="list-style-type: none"> ensure that the Nominated Supervisor, or person in day-to-day care of the service, contacts the parents or authorised emergency contact for the child to outline the signs and symptoms observed request that the child is collected from the service if the child is not well enough to participate in the program ensure that they separate the child from the group and have a staff member remain with the child until the child recovers, a parent arrives or another responsible person takes charge call an ambulance if a child appears very unwell (refer to <i>Attachment 9f</i>) collaborate with and act on advice from emergency services ensure that, where medication, medical or dental treatment is obtained, the parents are notified as soon as is practicable and within 12 hours,, and are provided with details of the illness and subsequent treatment administered to the child ensure that the Approved Provider/ Licensee is notified of the incident ensure that the <i>Incident, Injury, Trauma and Illness Record</i> is completed as soon as is practicable and within 12 hours of the occurrence 			X	
<p><u>In the case of traumatic incident:</u></p> <ul style="list-style-type: none"> ensure that the Nominated Supervisor, or person in day-to-day care of the service, contacts the parents or authorised emergency contact for the child to outline the signs and symptoms observed call an ambulance, where necessary provide care and comfort to the child prior to the parents or ambulance arriving 			X	

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Action	Approved Provider/ Licensee	NS, S, PN & N	Educators	Parents
<ul style="list-style-type: none"> identify, reduce and/or eliminate any risk factors contributing to the trauma closely observe and monitor child's behaviour and play to avoid the escalation of the traumatic response maximise the child's feelings of safety, stability and wellbeing if required, refer parent/child to a specialised support service 				
Provide authorisation in your child's enrolment record for the service to seek emergency medical treatment by a medical practitioner, hospital or ambulance service				X
Pay all costs incurred when an ambulance service is called to attend to their child at the service				X
Notify the service, 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				X
Ensure you provide the service with a current medical management plan for your child, if applicable				X
Collect your child as soon as possible when notified of an incident, injury or medical emergency involving the child				X
Inform 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 attending the service				X
Be contactable, either directly or through emergency contacts listed on the child's enrolment form, in the event of an incident requiring medical attention				X
Sign the <i>Incident, Injury, Trauma and Illness Record</i> , thereby acknowledging that you have been made aware of the incident				X
Notify the service by telephone if your child will be absent from their regular program				X
Notify staff/educators if there is a change in the condition of your child's health, or if there have been any recent accidents or incidents that may impact on the child's care e.g. any bruising or head injuries				X

Note: Volunteers and students, while at the service, are responsible for following this policy and its procedures.

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Attachment 9b: - Documentation Requirements

- a. Daily Environmental Safety Check Refer to **Form No: 33.2**
- b. Daily lock-up check – Refer to **Form No: 33.3**
- c. Incident, injury, trauma and illness report – Refer to **Form No: 9.1**

Incident, Injury, Trauma and Illness Record

Legislation requires an accurate *Incident, Injury, Trauma and Illness Record* to be kept and stored confidentially until the child is 25 years old.

Under 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.

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

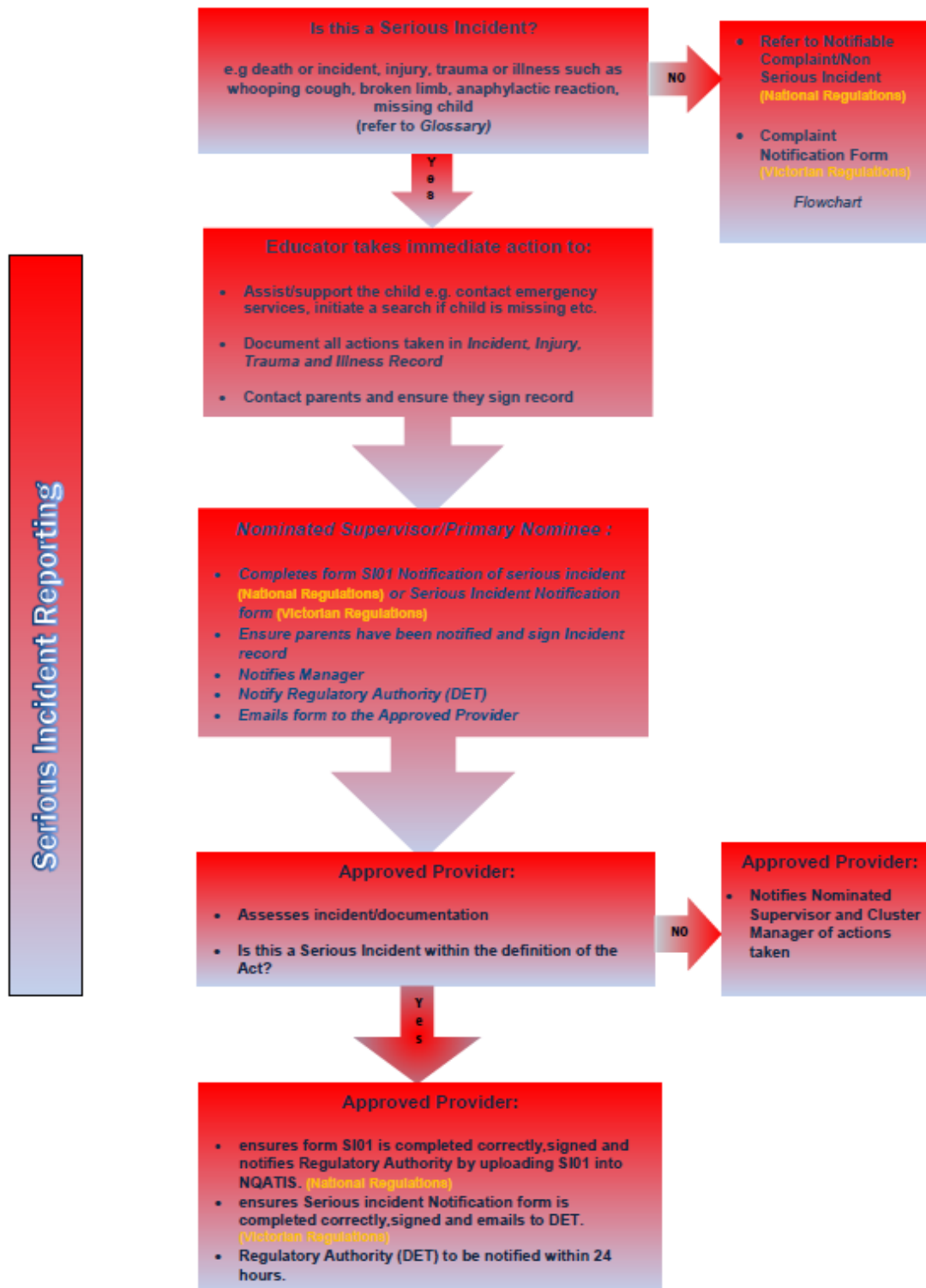
- the name and age of the child
- the circumstances leading to the incident, injury or trauma, or relevant circumstances surrounding the child becoming ill (including any symptoms)
- the time and date the incident occurred, the injury was received or the child was subjected to the trauma, or the apparent 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
- signature of a parent 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 12 hours after the incident, injury or trauma, or the onset of the illness.

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Attachment gc - Serious Incident Reporting and Escalation Process

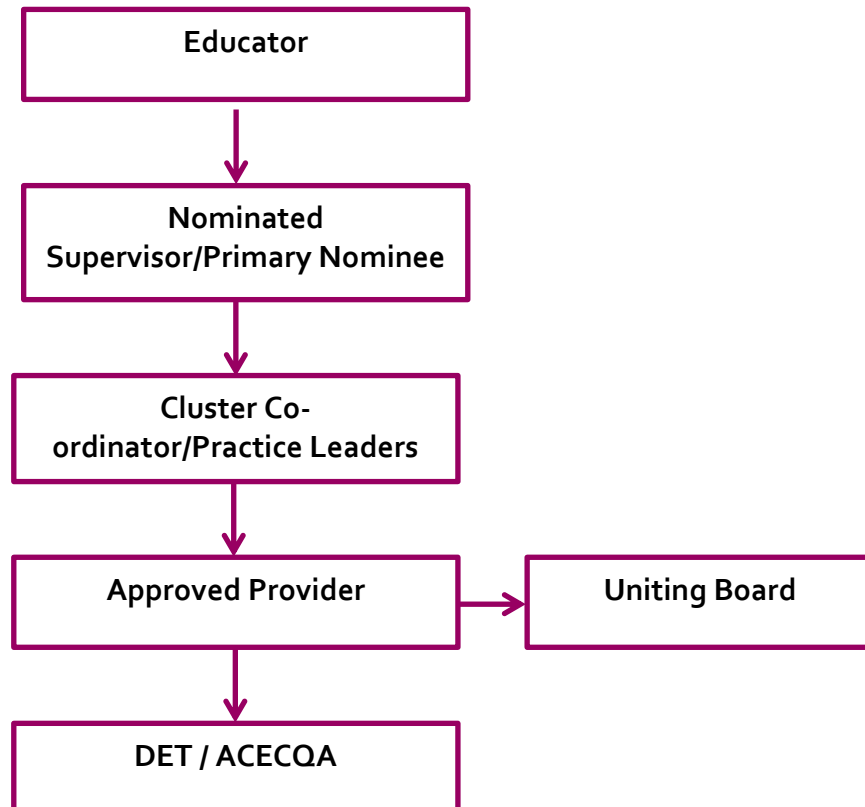


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Attachment 9d - Hierarchy of Reporting Serious Incident/Injury/Trauma and Illness




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Attachment 9e - Notification Reporting Process

- Educator witnesses or receives information about an serious incident/ injury/trauma/illness or any circumstance that poses a risk to the health, safety or wellbeing of a child
- Initiate immediate action to ensure the safety, health and wellbeing of the children and staff.
- Report complete incident/injury/trauma/ illness information to Nominated Supervisor/ Primary Nominee/Manager
- Contact and notify parent as soon as practicable, but no later than 12 hours after the occurrence
- Document actions taken in the *Incident, Injury, Trauma and Illness Record*
- Notify DET Regional Office by phone 
- Identify type of notification to Regulatory Authority required
 - **Sl01 Notification of serious incident** (ACEQA form)
Or
 - **NLo1 Notification of complaints, non-serious incidents and additional children in an emergency** (ACEQA form)
Or
 - **Serious incident notification form** (Victorian services/DET Form)
 - **Complaint Notification form** (Victorian services/DET Form)
- Approved Provider/Licensee to notify Regulatory Authority, in writing, within 24 hours of incident.
- Reporting commences.
 - Nominated Supervisor/Primary Nominee completes and the appropriate form, and sends completed form to Coordinator/Manager
 - Coordinator/Manager to check details are correct and forward to Approved Provider/ Licensee for signature and submission to ACEQA or DET.
 - The Approved Provider/ Licensee reviews and signs the form and then submits Form Sl01/NL01 online via the NQAITS database or emails Vic serious incident notification to DET
- Ensure parent has signed *Incident, Injury, Trauma and Illness Record*
- Coordinator/Manager conducts internal investigation of serious incident. Gathers evidence, including photos, and completes internal *Serious Incident/Complaint - Investigation Summary and Witness Statement* (if required). This information is forwarded to the Approved Provider/ Licensee
- Ensure that all staff involved have been advised of maintaining professional behaviors and confidentiality.
- Ensure staff witnesses receive release time to complete witness statements.
- Manager to support any required DET investigation.

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Attachment 9f - Procedure for a Child requiring an Ambulance

Immediate Action:

- First responder to assess the injury, trauma or illness, administers **Emergency First Aid, determines a medical emergency** and requests assistance. If no assistance available, dial 000 immediately.
- The second responder is to telephone an ambulance to attend – dial 000.
- Ensure the child is comfortable and kept under adult supervision.
- Inform the Centre Director/Service Coordinator/Nominated Supervisor.
- Centre Director/Service Coordinator/Nominated Supervisor/Primary Nominee to inform Parent/Emergency contact **immediately**.
 - Tell the Parents/Guardians/Emergency Contact that an ambulance is on its way to the service. If he/she is unable to reach the service to meet the ambulance, then ask him/her to meet the ambulance at the hospital (Indicate the expected hospital).
- When appropriate, ensuring that staff/child ratios are maintained at the service at all times and ambulance officers provide consent, an educator whom is known to the child, is to accompany him/her to the hospital.
- In the circumstance where an educator accompanies the child to hospital, ensure that the educator has the following information:
 - Incident, Injury, Trauma and Illness Record
 - Child's enrolment form.
- Ensure ongoing supervision of all children in attendance at the service and child-to-staff ratios are maintained at all times.
- The first responder to complete an Incident, Injury, Trauma and Illness. Record and provide parents with a copy as soon as possible.
- **Notification of the serious incident must be made to the Department of Education and Training, in writing, within 24 hours of the incident.** (refer to *Attachment 9e*)
- The Nominated Supervisor/Primary Nominee to notify Early Years Manager.
- The Nominated Supervisor/Primary Nominee is to contact the Parents/Guardians/Emergency Contact for further information regarding the child's progress and well-being as soon as practicable.

Please note: Parents will be responsible for any costs associated with an ambulance attending a service for their child's medical emergency.

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Medical emergency may include:

- Not breathing and lifeless: call 000 then begin CPR
- Respiratory distress/ difficulty breathing
- Unconscious
- Change in mental status
- Broken limb
- Severe bleeding
- Seizure that lasts longer than 5 mins
- Head trauma
- Asthma attack that becomes worse/unmanageable
- Anaphylaxis reaction
- Choking
- Diabetes complications

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