

INCIDENT, INJURY, TRAUMA AND ILLNESS POLICY

Mandatory – Quality Area 2

PURPOSE

This policy will define the:

- procedures to be followed if a person 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 person 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

1. VALUES

North Brighton Kindergarten 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
- responding to the needs of an injured, ill or traumatised 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 North Brighton Kindergarten.

2. SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities at North Brighton Kindergarten, including during offsite excursions and activities.

3. BACKGROUND AND LEGISLATION

Background

People responsible for managing early childhood services and caring for children have a duty of care towards 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.

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/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.

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
 - Standard 2.1: Each child's health is promoted
 - Element 2.1.1: Each child's health needs are supported
 - Element 2.1.3: Effective hygiene practices are promoted and implemented
 - Element 2.1.4: Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines
- *National Quality Standard*, Quality Area 3: Physical Environment
 - Standard 3.1: The design and location of the premises is appropriate for the operation of a service
 - Element 3.1.2: Premises, furniture and equipment are safe, clean and well maintained
- *National Quality Standard*, Quality Area 7: Leadership and Service Management

- Standard 7.3: Administrative systems enable the effective management of a quality service
 - Element 7.3.1: Records and information are stored appropriately to ensure confidentiality, are available from the service and are maintained in accordance with legislative requirements
 - Element 7.3.2: Administrative systems are established and maintained to ensure effective operation of the service
- Therapeutic Goods Act 1989 (Cth)

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

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

4. DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

AV How to Call Card: A card that the service has completed containing all the information that Ambulance Victoria will request when phoned. A sample card can be downloaded from:

<http://www.ambulance.vic.gov.au/Education/Calling-Triple-0.html>

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

First aid: The 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 is published on the ACECQA website:

www.acecqa.gov.au/qualifications/approved-first-aid-qualifications

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.

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

Incident, Injury, Trauma and Illness Record: The Approved Provider must ensure an *Incident, Injury, Trauma and Illness Record* is kept in accordance with Regulation 87 of the *Education and Care Services National Regulations 2011*. A sample is available on the ACECQA website at:

<http://www.acecqa.gov.au/sample-forms-and-templates-now-available>

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

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

Medical management 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 Australasian Society of Clinical Immunology and Allergy (ASCI) action plan for anaphylaxis.

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

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 incident that results in an injury that is small and does not require medical attention.

Notifiable incident: An incident involving workplace health and safety that is required by law to be reported to WorkSafe Victoria. Notification is required for incidents that result in death or serious injury/illness, or

dangerous occurrences. For a complete list of incidents that must be reported to WorkSafe Victoria, refer to the *Guide to Incident Notification* on the WorkSafe Victoria website. This website also contains online reporting forms: www.worksafe.vic.gov.au

Serious incident: An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the service in contravention of the regulations or is mistakenly locked in/out of the service premises (Regulation 12). A serious incident should be documented in an *Incident, Injury, Trauma and Illness Record* (sample form available on the ACECQA website) as soon as possible and within 24 hours of the incident. The Regulatory Authority (DET) must be notified within 24 hours of a serious incident occurring at the service (Regulation 176(2)(a)). Records are required to be retained for the periods specified in Regulation 183.

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

5. SOURCES AND RELATED POLICIES

Sources

- ACECQA sample forms and templates: <http://www.acecqa.gov.au/sample-forms-and-templates-now-available>
- *AV How to Call Card* (Ambulance Victoria): <http://www.ambulance.vic.gov.au/Education/Calling-Triple-0.html>
- Building Code of Australia: <http://www.abcb.gov.au/about-the-national-construction-code/the-building-code-of-australia>
- *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>
- VMIA Insurance Guide, Community Service Organisations program: www.vmia.vic.gov.au
- WorkSafe Victoria: *Guide to Incident Notification*: <http://www.worksafe.vic.gov.au/forms-and-publications/forms-and-publications/guide-to-incident-notification>
- WorkSafe Victoria: Online notification forms: <http://www.worksafe.vic.gov.au/safety-and-prevention/health-and-safety-topics/incident-notification>

Service policies

- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Anaphylaxis Policy*
- *Asthma Policy*
- *Dealing with Infectious Diseases Policy*
- *Dealing with Medical Conditions Policy*
- *Diabetes Policy*
- *Emergency and Evacuation Policy*
- *Epilepsy Policy*
- *Excursions and Service Events Policy*
- *Occupational Health and Safety Policy*
- *Privacy and Confidentiality Policy*
- *Road Safety and Safe Transport Policy*

PROCEDURES

The Approved Provider and Persons with Management or Control are responsible for:

- ensuring that the premises are kept clean and in good repair
- ensuring that staff have access to medication, Incident, Injury, Trauma and Illness forms (available from ACECQA – refer to *Sources*) and WorkSafe Victoria incident report forms (refer to *Sources*)
- ensuring that the service has an 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 (refer to *Occupational Health and Safety Policy*)
- ensuring that completed medication records are kept until the end of 3 years after the child's last attendance (Regulation 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 (Regulation 86)
- ensuring that Incident, Injury, Trauma and Illness Records are kept and stored securely until the child is 25 years old (Regulations 87, 183)
- ensuring that there is a minimum of one educator with a current approved first aid qualification on the premises at all times (refer to *Administration of First Aid Policy*)
- ensuring that there are an appropriate number of up-to-date, fully equipped first aid kits that are accessible at all times (refer to *Administration of First Aid Policy*)
- 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
- ensuring that children's enrolment forms provide authorisation for the service to seek emergency medical treatment by a medical practitioner, hospital or ambulance service
- ensuring that complaints, incidents and serious incidents are notified to the regulatory authority through the NQA ITS system as soon as is practicable but not later than 24 hours after the occurrence.

The Nominated Supervisor, Persons in Day-to-Day Charge and all other staff are responsible for:

- ensuring that the *AV How to Call Card* (refer to *Sources*) is displayed near all telephones
- ensuring that volunteers and parents on duty are aware of children's medical management plans (refer to *Definitions*) and their responsibilities in the event of an incident, injury or medical emergency
- responding immediately to any incident, injury or medical emergency
- implementing individual children's medical management plans, where relevant
- notifying parents/guardians immediately after an incident, injury, trauma or medical emergency, or as soon as is 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
- recording details of any incident, injury or illness in the *Incident, Injury, Trauma and Illness Record* (refer to *Definitions*) as soon as is practicable but not later than 24 hours after the occurrence
- 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 (refer to *Privacy and Confidentiality Policy*)
- 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

- assisting the Approved Provider with regular hazard inspections (refer to Attachment 1 – Sample NBK Workplace Inspection checklist)
- reviewing the cause of any incident, injury or illness and taking appropriate action to remove the cause if required, for example, removing a nail found protruding from climbing equipment or retraining staff to adhere more closely to the service's *Hygiene Policy*
- notifying DET in writing within 24 hours of an incident involving the death of a child, or any incident, illness or trauma that requires treatment by a registered medical practitioner or admission to a hospital
- ensuring that the following contact numbers are displayed in close proximity of each telephone:
 - 000 (also keep an *AV How to Call Card* close to each telephone – refer to *Sources*)
 - DET regional office
 - Approved Provider
 - Asthma Victoria: (03) 9326 7055 or toll free 1800 645 130
 - Victorian Poisons Information Centre: 13 11 26
 - local council or shire.

When there is a medical emergency, educators 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 the 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 the 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 other person/s as authorised on the child's enrolment form, if the parents/guardians are not contactable
- ensure ongoing supervision of all children in attendance at the service
- accompany the child in the ambulance when the parents/guardians are not present, provided that staff-to-child ratios can be maintained at the service
- 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, educators will:

- ensure that the Nominated Supervisor, or person in day-to-day care of the service, contacts the parents/guardians 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/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.

Parents/guardians are responsible for:

- providing authorisation in their child's enrolment record for the service to seek emergency medical treatment by a medical practitioner, hospital or ambulance service (Regulation 161(1))
- payment of all costs incurred when an ambulance service is called to attend to their child at the service
- notifying 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 (Regulation 162)
- ensuring that they provide the service with a current medical management plan, if applicable (Regulation 162(d))
- collecting their child as soon as possible when notified of an incident, injury or medical emergency involving their child
- 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
- being contactable, either directly or through emergency contacts listed on the child's enrolment form, in the event of an incident requiring medical attention
- signing the *Incident, Injury, Trauma and Illness Record*, thereby acknowledging that they have been made aware of the incident
- notifying the service by telephone when their child will be absent from their regular program
- notifying staff/educators if there is a change in the condition of their 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.

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider of North Brighton Kindergarten 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 parents/guardians at least 14 days before making any changes to this policy or its procedures.

ATTACHMENTS

- Attachment 1: Sample NBK Workplace Inspection Checklist

AUTHORISATION

This policy was adopted by the Approved Provider of North Brighton Kindergarten on Monday 4th June, 2018.

REVIEW DATE: JUNE 2020

ATTACHMENT 1

North Brighton Kindergarten Workplace Inspection Checklist						
Date			Completed By:			
Reported To:						
Date Actions Completed/Review Date:						
<i>Review previous inspection and confirm all actions are closed out or add any outstanding actions to this new checklist</i>						
1	Emergency Arrangements	Y/N	Comments	Corrective Action	By Who	By When
1.1	Fire extinguishers/hoses in place as per the plan, clearly marked, serviced in the past 6 months (check tags), clear of any obstructions and not damaged?					
1.2	Sprinkler heads and smoke/heat detectors are free from damage or obstructions and operational (maintained)?					
1.3	Exit doors are marked, signs are clearly visible, easily opened from the inside (no locks/security pads etc.) and are clear of obstructions?					
1.4	Evacuation Plan, phone numbers and instructions are displayed?					
1.5	Emergency evacuation drills conducted regularly?					
1.6	Staff have knowledge of Emergency Procedures?					

2	First Aid	Y/N	Comments	Corrective Action	By Who	By When
2.1	Trained/nominated First Aider on site covering all sessions?					
2.2	First Aid cabinet fully equipped, clearly labelled and in a prominent and accessible location?					
2.3	Box clean, orderly and re-stocked as required?					
2.4	Current Emergency telephone numbers displayed,					

2.5	Disposable gloves provided and infection control procedures in place.					
3	Electrical	Y/N	Comments	Corrective Action	By Who	By When
3.1	Any faulty electrical appliances or equipment?					
3.2	Broken electrical plugs, sockets or switches?					
3.3	Any temporary or makeshift leads, power boards, double adaptors? (These are not allowed and must be removed immediately).					
3.4	An excessive number of extension cords or power boards?					
3.5	All electrical cords are tagged inspected, tested and tagged by a qualified electrician as per AS3760?					
3.6	Electrical equipment not exposed to water?					
3.7	Power distribution cabinets are labelled and locked?					
3.8	Power outlet covers in place					
3.9	No strained, frayed or damaged leads					
3.10	No leads are on the floor causing a tripping hazard and no equipment rolls over the leads. No temporary leads in use.					
4	Lighting	Y/N	Comments	Corrective Action	By Who	By When
4.1	Is the lighting adequate for the task?					
4.2	Glare and reflection on screens is controlled to an acceptable level?					
4.3	Security lighting is installed to cover areas between the kinder and the car park and at the car park - in good working order?					
4.4	Light fittings are clean and in good repair					
4.5	Torches available					
5	Ventilation					

5.1	Air conditioning system maintained?					
5.2	Are there regular and numerous complaints about the air quality or temperature?					
5.3	Are employees using their own fans/heaters?					
6	Walkways					
6.1	Walkways and traffic areas are clear?					
6.2	Unlikely to be slippery when wet? No oil, water, sand etc on surfaces?					
6.3	Floors have even surfaces no cracks/holes and no rips/ripples in carpets? Mats are not tripping hazards?					
6.4	Floors and aisles are clear of any rubbish, material and equipment?					
7	Ergonomics and Manual Handling	Y/N	Comments	Corrective Action	By Who	By When
7.1	Workstation set up ergonomically?					
7.2	Offices are clear and uncluttered? No unnecessary items on the floor?					
7.3	Adequate seating is provided (Adult sized chairs provided)?					
7.4	Desks & chairs in good repair?					
7.5	Adequate ventilation around photocopier and printers?					
7.6	Rubbish bins emptied regularly?					
7.7	Phone, mouse and documents are within easy reach?					
7.8	Heavy items are moved with a trolley,					
7.9	Equipment moved on wheels have wheels which roll easily and preferably have lockable castors.					
8	Storage					
8.1	Materials are stored on shelves or in rooms as appropriate? Heavy items must not be stored on the floor.					

	Dangerous material or equipment is stored out of reach of children					
8.2	Store rooms are neat and tidy and well lit.					
8.3	Step ladders are available and in good order.					
8.4	Shelves are free of dust and rubbish					
8.5	Floors and walkways are clear.					
9	OHS Information					
9.1	If you are injured poster and OHS Policy displayed?					
9.2	Appropriate safety signs in place?					
10	Hazardous Substances	Y/N	Comments	Corrective Action	By Who	By When
10.1	Chemicals are labelled, not leaking and not expired?					
10.2	Chemicals are in a locked cupboard out of the reach of children?					
10.3	MSDS available for all hazardous substances?					
11	Windows	Y/N	Comments	Corrective Action	By Who	By When
11.1	Clean?					
11.2	No cracked/broken panes?					
12	Bathrooms/Wash rooms	Y/N	Comments	Corrective Action	By Who	By When
12.1	Toilets and basins in good repair and cleaned daily?					
12.2	Handwashing soap/single use towels/dryers in good working order?					
13	Kitchen	Y/N	Comments	Corrective Action	By Who	By When
13.1	Gate is in good working order?					

13.2	Appliances in good working order?					
13.3	Equipment is clean and stored appropriately?					
14	Falls Prevention	Y/N	Comments	Corrective Action	By Who	By When
14.1	Are ladders used to access equipment above shoulder height?					
14.2	Are industrial ladders used, in good working condition & labelled with weight capacity? Do they conform with Australian Standards?					
14.3	In good condition?					
14.4	Stored out of the reach of children?					
15	External Areas	Y/N	Comments	Corrective Action	By Who	By When
15.1	Fencing is secure, unclimbable and of a height prescribed by the BCA. In good condition with no materials that would allow children to scale the fence?					
15.2	Child proof locks are fitted?					
15.3	Paving and paths are even and in good condition? Changes in surface levels are highlighted?					
15.4	Soft fall is even and of good depth for all equipment over 0.5m? No materials in the fall that would cause injury? Grass areas free of hazards?					
16	Equipment	Y/N	Comments	Corrective Action	By Who	By When
16.1	Equipment is in good condition and free of hazards? Equipment is not close to adjacent items such as trees or fences that children could hurt themselves on or fall on?					
16.2	Furniture and play equipment have no protruding bolts, nails, splinters?					

16. 3	Guard rails in place for all equipment over 1m?					
17	Sun Protection	Y/N	Comments	Corrective Action	By Who	By When
17. 1	Adequate supply of SPF 30 plus broadscreen sunscreen provided?					
17. 2	Sun hats provided for all staff who have to work in the sun?					
17. 3	Sun protection policy in place?					
18	Trees	Y/N	Comments	Corrective Action	By Who	By When
18. 1	Pathways clear from overhanging branches of trees and shrubs?					
18. 2	Tree canopy not leaning heavily in one direction?					
18. 3	Tree trunk not leaning to one side?					
18. 4	No dead branches are visible or hanging in the tree?					
18. 5	No cavities, cracks or rotten wood along the trunk or in major visible branches?					
18. 6	Dead, broken branches of the tree have been removed. NOTE:-inappropriate tree pruning may weaken it, trimming work is best done by a professional?					
18. 7	Trees are clear from overhead power lines?					
19	Water Tanks	Y/N	Comments	Corrective Action	By Who	By When
19. 1	No leaking water?					
19. 2	Tank and footings in good working order?					
19. 3	Signed 'Non Potable Water'?					

20	Visitors and Contractors	Y/N	Comments	Corrective Action	By Who	By When
20.1	Sign in book and visitors badges in use for all unaccompanied visitors/contractors?					
20.2	Contractors are inducted to kinder?					

If any box is marked with a “No”, it is deemed to be unsatisfactory and must be followed up using an appropriate risk assessment and control checklist.