



Incident, Injury, Trauma and Illness

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY

Policy Statement

The National Regulations require an accurate Incident, Injury, Trauma and Illness Report 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 Report 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 / What are we going to do?

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 the understanding of all of 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 / How will it be done?

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 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; 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 is practicable, but not later than 24 hours after the incident, injury or trauma, or the onset of the illness.

Serious incidents – Notify ACECQA

You must notify the [regulatory authority](#) within **24 hours** of becoming aware of a serious incident (Section 174(2)(a) and Regulation 176(2)(a)).

A serious incident (regulation 12) is defined as any of the following:

◁ the **death of a child** while being educated and cared for by the service or following an incident while being educated and cared for by the service

◁ any **incident involving a serious injury or trauma to a child** while that child is being educated and cared for, which:

- a reasonable person would consider required urgent medical attention from a registered medical practitioner; or
- the child attended or ought reasonably to have attended a hospital e.g. broken limb*
- any **incident involving serious illness of a child** while that child is being educated and cared for by a service for which the child attended, or ought reasonably to have attended, **a hospital** e.g. severe asthma attack, seizure or anaphylaxis*

NOTE: In some cases (for example rural and remote locations) a General Practitioner conducts consultations from the hospital site. Only treatment related to serious injury, illness or trauma is required to be notified, not other health matters.

◁ any emergency for which **emergency services** attended

NOTE: This means an incident, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of a person at an education and care service. It does not mean an incident where emergency services attended as a precaution.

◁ a child appears to be **missing or cannot be accounted** for at the service

◁ a child appears to have been **taken or removed** from the service in a manner that contravenes the National Regulations

◁ a child is mistakenly **locked in or locked out of the service** premises or any part of the premises.

Notify the regulatory authority of serious incidents online through the [NQA IT System](#). You can download the [incident, injury, trauma and illness record template](#) to record any supporting evidence or other (non-serious) incidents.

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.
- < 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.
- < 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.

General considerations

- < Unwell children require extra time and attention from staff, even when the spread of infection is not an issue. When staff members feel that children are too unwell to participate in the normal routine, or that one child is taking up more than a 'normal' amount of staff time and attention, parents will be contacted and required to collect the child.
- < Such a decision will not be made lightly and will be made in consultation with other staff. The decision to contact parents in such a situation will be based on the need to maintain high quality care and education for all children.
- < We ask that parents consider this at all times and cooperate by finding alternative arrangements for unwell children.
- < Similarly, unwell staff cannot possibly perform their work to the best of their ability. Staff members who feel unable to fulfil all their work requirements to a high standard will be encouraged to have a replacement take their place.

Illness

Children will not be permitted to attend the Centre if they are showing signs of sickness. Signs could include:

- <Green discharge from nose
- <Temperature
- <Unidentified skin rash/infection
- <Cream/yellow discharge from eyes
- <Uncovered weeping from eyes
- <Diarrhoea
- <Productive cough (mucus)
- <Excessive discharge from eyes, ears or nose
- <Vomiting
- <Any Notified infectious disease (Refer to NSW Health Infectious Guidelines)

Fever

In children, a temperature over 38°C indicates a fever.

A fever is usually caused by an infection somewhere in the body. Some types of infections that lead to fever include:

< viral (caused by a virus) – around nine out of ten children with a fever will have a viral illness, such as cold, flu or gastroenteritis.

< bacterial (caused by bacteria) – such as some ear infections, pneumonia or urine infections.

www.health.vic.gov.au/edfactsheets/downloads/fever-in-children.pdf

http://raisingchildren.net.au/articles/fever_a.html

In order to prevent the spread of infection and ensure wellbeing, children with a **temperature above 37.5°C will be excluded from the service**. The child's temperature will be determined by taking it twice, with a 10 minute lapse between each reading.

Conjunctivitis (an irritation of the eye caused by bacteria, viruses, chemical or allergies. It is evident via redness in the whites of the eyes and sometimes a discharge. Viral and bacterial conjunctivitis can be spread through direct and indirect contact)

When a person presents with the above symptoms staff will:

<Wipe the affected eye with a damp cotton ball or tissue (with a gloved hand).

<Notify parents and request that the child be collected.

<Isolate the child from others as far as possible.

<Request that the child be seen by a doctor to ascertain the cause of the irritation.

<Require that the affected individual stay away from the Centre in the case of viral or bacterial infection until the discharge has ceased (when only the one child in the Centre is affected) or for 72 hours (when 2 or more children in the Centre are affected).

Roles and Responsibilities

Role	Authority/Responsibility For
Approved Provider	<p>< Ensuring that the premises are kept clean and in good repair.</p> <p>< Ensuring that completed medication records are kept until the end of 3 years after the child's last attendance (regulation 92, 183).</p> <p>< 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).</p> <p>< Ensuring that incident, injury, trauma and illness records are kept and stored securely until the child is 25 years old (regulations 87, 183).</p> <p>< 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.</p> <p>< 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.</p>

<p>Nominated Supervisor</p>	<ul style="list-style-type: none"> ◁ 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. ◁ 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. ◁ Maintaining all enrolment and other medical records in a confidential manner. ◁ 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. ◁ Reviewing the cause of any incident, injury or illness and taking appropriate action to remove the cause if required. ◁ Notifying families of this policies existence and providing them with access. ◁ Providing access to information on children’s development, the service program, and relevant health and wellbeing resources from the service.
<p>Early Childhood Educators</p>	<ul style="list-style-type: none"> ◁ 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. ◁ Seek further medical attention for a child if required. ◁ Be aware of the signs and symptoms of illness/trauma. ◁ 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.
<p>Families</p>	<ul style="list-style-type: none"> ◁ 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, health plans, allergies 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.

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.

RELATED GUIDELINES, STANDARDS, FRAMEWORKS

◁ National Quality Standard, Quality Area 2: Children's Health and Safety – Standard 2.1, 2.1.1, 2.1.2 ◁ National Quality Standard, Quality Area 3: Physical Environment – Standard 3.1, 3.1.2

◁ National Quality Standard, Quality Area 7: Governance and Leadership – Standard 7.1.2

SOURCES

◁ ACECQA – www.acecqa.gov.au

◁ ACECQA Sample forms and templates, Incident, injury, trauma and illness record - www.acecqa.gov.au/resources/applications/sample-forms-and-templates

◁ NHMRC Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th ed.) - www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-earlychildhood-education-and-care-services

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