

Yarram Early Learning Incident, Injury, Trauma and Illness Policy

Quality Area 2: Children's Health and Safety

PURPOSE

This policy defines 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

VALUES

Yarram Early Learning Incorporated 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 Yarram Early Learning

SCOPE

This policy applies to the Approved Provider, Responsible Person, Nominated Supervisor, Educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities at Yarram Early Learning Incorporated, including during offsite excursions and activities.

BACKGROUND AND LEGISLATION

Background

Yarram Early Learning Incorporated staff are responsible for managing and caring for children at the centre. All staff have a responsibility and a duty of care to act to prevent accidents and emergencies at the service.

Yarram Early Learning Incorporated has 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.

INCIDENT, INJURY, TRAUMA, AND ILLNESS REPORT

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 (Regulation 183(2)). Under the national legislation, the ELC 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 or trauma to which a child has been subjected
- An illness that becomes apparent.

Details entered in the *incident, injury, trauma, and illness record on the Xplor App* include the following:

- The name of the child which will link to their personal profile
- The date, location and a possible photo of the incident, injury, trauma, or illness.
- A definition of the sustained incident, injury, trauma, or illness
- A diagram showing where on the child the incident, injury, trauma, or illness occurred.
- The activity at the time of impact
- The cause of incident, injury, trauma, or illness
- The circumstances leading to the incident, injury or trauma, or relevant circumstances surrounding the child becoming ill (including any symptoms)
- The action taken by the service, including any medication administered, first aid provided, or medical personnel contacted
- Steps taken to prevent future incidents
- 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
- Details of any person who witnessed the incident, injury or trauma, or the apparent onset of illness
- 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 Report* 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

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:

- *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 2019* (Vic)
- *Occupational Health and Safety Act 2004* (Vic), as amended 2007
- *Occupational Health and Safety Regulations 2017*
- WorkSafe Victoria Compliance Code: *First aid in the workplace* (2008)
- Australian Standards AS3745–2002, Emergency control procedures for buildings, structures and workplaces
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
- Standard 2.1 Health Each child's health and physical activity is supported and promoted.
- Element 2.1.2 Health practices and procedures: Effective illness and injury management and hygiene practices are promoted and implemented.
- Standard 2.2 Safety Each child is protected.
- Element 2.2.1 Supervision At all times: reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
- Element 2.2.2 Incident and emergency management: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
- *National Quality Standard*, Quality Area 3: Physical Environment
- 3.1 Design The design of the facilities is appropriate for the operation of a service.
- 3.1.2 Upkeep Premises: furniture and equipment are safe, clean and well maintained.
- *National Quality Standard*, Quality Area 7: Governance and Leadership
- Standard 7.1 Governance: Governance supports the operation of a quality service.
- Element 7.1.2 Management systems: Systems are in place to manage risk and enable the effective management and operation of a quality service.

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: <http://www.cecqa.gov.au/first-aid-qualifications-andtraining>

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.

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 (ASCIA) Action Plan.

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: 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 (DEECD) 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.

SOURCES AND RELATED POLICIES

Sources

- VMIA Insurance Guide, Community Service Organisations program www.vmia.vic.gov.au
- Building Code of Australia <https://hia.com.au/business-information/standards-regulations/building-standards#>

- National Health and Medical Research Council, Staying Healthy, 5th Edition Preventing infectious diseases in early childhood education and care services (updated June 2013)
<https://www.nhmrc.gov.au/sites/default/files/documents/reports/clinical%20guidelines/ch55-staying-healthy.pdf>
- WorkSafe Victoria: *Guide to Incident Notification*
- Ambulance Victoria: *AV How to Call Card*
<http://www.ambulance.vic.gov.au/Education/Calling-Triple-0.html>

SERVICE POLICIES

- *Administration of Medication Policy*
- *Anaphylaxis Policy*
- *Asthma Policy*
- *Diabetes Policy*
- *Emergency and Evacuation Policy*
- *Epilepsy Policy*
- *Excursions and Incursion Policy*
- *Administration of First Aid Policy*
- *Dealing with Infectious Diseases Policy*
- *Occupational Health and Safety Policy*
- *Privacy and Confidentiality Policy*

PROCEDURES

The Approved Provider is 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 digital forms on the Xplor app and WorkSafe Victoria incident report forms
- 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 an incident report (si01) is completed and a copy forwarded to the regional DET office as soon as is practicable but not later than 24 hours after the occurrence.

The Nominated Supervisor, Responsible Person, Educators, and staff are responsible for:

- Ensuring that volunteers and parents on duty are aware of children's medical management plans 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* 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
- 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
 - DET regional office
 - 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, staff will:

- Staff member to call the parent/guardian
- Staff member to call an ambulance, where necessary
- administer first aid, and provide care and comfort to the child prior to the parents/guardians or ambulance arriving
- Assess for hazards and apply hazard control, as required
- 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.
- Complete *Emergency Accident Injury Reports*

When a child develops symptoms of illness while at the service, staff 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 due to an ambulance service attending 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 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 Nominated Supervisor, Responsible Person, 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: Incident, Injury, Trauma, and illness Xplor form

AUTHORISATION

This policy was adopted by the Yarram Early Learning Incorporated in May 2020

Most recent Review: 11.05.2020

To be Reviewed: May 2021

ATTACHMENT ONE

Xplor Incident, Injury, Trauma and Illness form.

9:42 am Mon 11 May 89%

Close Incident Record

Incident Time and Location



11 May 2020 9:41am

Location

9:42 am Mon 11 May 89%

Incident Record

Search for injury, trauma or illness.

All Trauma Illness

- Abrasion / Scrape
- Allergic reaction (not anaphylaxis)
- Amputation
- Anaphylaxis
- Asthma
- Bite wound
- Broken bone/ fracture/ dislocation
- Bruise
- Burn
- Choking

9:43 am Mon 11 May 89%

Incident Record Diagram

Back Front



Tap red to remove selection

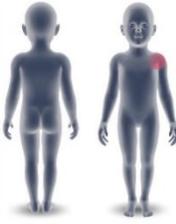
9:43 am Mon 11 May 89%

Incident Record

STEP 1 OF 3

Incident Details

 Brok...



What was the activity at time of the incident, injury, trauma or illness?

Cause of injury or trauma?

What was illness circumstances and apparent symptoms?

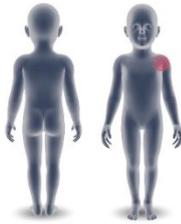
9:43 am Mon 11 May 89%

[Back](#) Incident Record

STEP 2 OF 3

Actions Taken

 Brok...



What action was taken? Including First Aid, administration of medication, etc.

Any steps taken to prevent future incidents?

Check if medical attention sought from a registered practitioner or hospital.

Check if emergency services attended.

9:43 am Mon 11 May 89%

[Back](#) Incident Record

STEP 3 OF 3

Notifications

Who was contacted or attempted to be contacted?

Attempt 1

Name	Role
11 May 2020	9:43 am

Check if the individual was contacted successfully.

[+ Add Notification](#)