Elder Street Early Childhood Centre

INCIDENT, INJURY, TRAUMA AND ILLNESS POLICY

PURPOSE

The health and safety of all staff, children, families and visitors to our Service is of the utmost importance. We aim to reduce the likelihood of incidents, illness, accidents and trauma through implementing comprehensive risk management, effective hygiene practices and the ongoing professional development of all staff. This approach supports our team to respond quickly and effectively to any incident or accident. We ensure that in the event of an injury, illness and/or incident that the centre has correct training in first aid, processes on reporting of such incidents and up to date contact details of parents and emergency contacts for each child enrolled at the centre.

BACKGROUND

The incident, injury, trauma and illness policies and procedures of an education and care service required under regulation 168 must include procedures to be followed by nominated supervisors and staff members of, and volunteers at, the service in the event that a child—

(a) is injured; or
(b) becomes ill; or
(c) suffers a trauma.

Educators have a duty of care to respond to and manage illnesses, accidents, incidents and trauma that may occur at the service to ensure the safety and wellbeing of children, educators and visitors. This policy will guide educators to manage illness and prevent injury and the spread of infectious diseases and provide guidance of the required action to be taken in the event of an incident, injury, trauma or illness occuring when a child is being educated and cared for.

IMPLEMENTATION

On enrolment at the Centre families are required by our governing regulations to complete written authorisation for the Centre to seek and or/carry out urgent medical, dental or hospital treatment if necessary.

In the event of an injury to a child that does not require urgent medical attention, the Director in consultation with staff, will decide whether it is necessary to contact the child's parents/carers. Should it be considered so, the parent/s/carers (or the alternative contact) will be informed immediately. If contacts cannot be reached quickly, the Director will decide on the most appropriate action to be taken (e.g. ambulance, Doctor). During this time the child will be kept under adult supervision until the child recovers or until a parent/carer of the child or some other responsible person takes charge of the child.

In the event of a serious injury which is deemed to require urgent medical or dental treatment immediate steps will be taken to secure such treatment and that the child is returned as soon as practicably possible to the care of a parent/carer. If such treatment is obtained the parent/carer of the child is notified as soon as practically possible and informed of the accident and the treatments arranged for the child. If parents/carers have nominated a doctor

or dentist to contact in this circumstance, all efforts will be made to seek their services specifically and where practicable.

ILLNESS

We acknowledge that in early education and care services, illness and disease can spread easily from one child to another, even when implementing the recommended hygiene and infection control practices. Our service aims to minimise illnesses by adhering to all recommended guidelines from relevant government authorities regarding the prevention of infectious diseases and adhere to exclusion periods recommended by public health units.

Children who appear unwell at the service will be closely monitored and if any symptoms described below are noticed, or the child is not well enough to participate in normal activities, parents/carers of an emergency contact person will be contacted to collect the child as soon as possible.

A child who is displaying symptoms of a contagious illness or virus (vomiting, diarrhea) will be moved away from the rest of the group and supervised until he/she is collected by a parent or emergency contact.

Symptoms indicating illness may include:

- Behaviour that is unusual for the individual child
- High temperature 38 degrees or above
- Loose bowels
- Vomiting
- Discharge from the eyes or ears
- Skin that has rashes, blisters, spots, crusty or weeping sores
- Loss of appetite
- Headaches
- Stiff muscles and joint pain
- Continuous scratching of scalp or skin
- Difficulty swallowing or complaining of having a sore throat
- Persistent prolonged or severe coughing
- Difficulty Breathing
- A stiff neck of sensitivity to light

SERIOUS INJURY, INCIDENT OR TRAUMA

In the event of any child, educator, staff, visitor or volunteer having an accident at the service, an educator who has a first aid certificate will attend to the person immediately. Any workplace incident, injury or trauma will be investigated, and records kept as per WHS legislation and guidelines.

The Approved Provider or Nominated Supervisor needs to notify the regulatory authority within 24 hours of any serious incident. One form of serious incident is where there has been an "injury or trauma to, or illness of a child" for which the attention of a Medical Practitioner was sought or ought reasonably to have attended a hospital (reg.12 b)

Questions to help decide if injury, trauma or illness is a serious incident:

- Was more than basic first aid needed to manage the injury/trauma or illness?
- Should medical attention have been sought for the child?
- Should have the child attended a hospital?

Examples of serious incident/accident:

- Broken limb
- Head injuries
- Missing child
- Burns
- Removal of fingers
- Sexual assault

Examples of serious illness:

- Epileptic seizures
- Bronchiolitis
- Whooping cough
- Measles
- Diarrhoea requiring hospitalisation
- Asthma require hospitalisation
- Meningococcal infection
- Anaphylactic reaction requiring hospitalisation

Examples of serious trauma:

- Witnessing violence
- Feeling intensely threatened by an event either witnessed or involved in

Eg. If notified after the event by a parent/carer that the sore arm from earlier in the day was a fracture, this should be reported to our regulatory body as a serious incident.

NOTIFICATION OF SERIOUS INJURY

Further steps required of the service after the event of a serious injury are the following:

- Notification of event to the regulatory authority through the NQA IT System
- Notification of the Licensee (if not already aware)
- Notification of Police (in the unlikely event of an injury causing death)

CHILD INCIDENT/ INJURY / ILLNESS/ TRAUMA REPORT

Records of all child injuries and illness will be maintained at the centre. Keeping families informed is paramount: families will be notified of any serious incident involving their child at our centre as soon as possible.

Parents/carers will be informed of all injuries and illness:

(a) Child Incident/ Injury/Trauma Report
(b) Child Illness Report
(c) Wellbeing and Support Monitor Chart
(d) Bumps and Scrapes register
(e) Courtesy phone call – This may include phoning a parent/carer and enquiring about a child who has not appeared 'to be themselves' i.e. quiet, clingy, unusually quiet or who may have sustained a minor injury.

The following may be considered minor injuries:

- a baby bumping their mouth on a table edge or small toy.
- bitten lips, swollen but no evidence of damage to teeth.
- scratches / grazes/scrapes or abrasions to face.
- body scratches, lumps.
- genital injury or discomfort due to fall or collision with equipment.

Parents/carers will be asked to co-sign and discuss any documented report/s when they pick up their child. Confidentiality is important and will be maintained at all times.

In the event of an incident, injury, trauma or illness, we will undertake a review (including a risk assessment) and take any appropriate action to remove or rectify the cause if required. High levels of supervision will be maintained, and ratios will be met at all times and supervision plans will be regularly reviewed. Educators and staff will be provided with access to appropriate and up-to-date information and regular professional development on the management of incidents. All educators and staff will be provided with the necessary resources to respond to incidents and injuries.

HEAD INJURIES

It is common for children to bump their heads during everyday play, however it is difficult to determine whether the injury is serious or not. Therefore, any knock to the head or any part of the body from the neck up, is considered a head injury. In the event of any head injury, the child will be assessed by an educator who holds a first aid certificate, and first aid will be administered if needed. A phone call is then made to the parents of the child to discuss the incident and steps moving forward. Record of this phone call being made is signed off by the Director/ Responsible Person.

Previously known as Injuries and Accident Policy

Reviewed: 10 June 2005 – M Duffy-Fagan
22 February 2006 – M. Duffy-Fagan
16 Februry 2009 – M Duffy-Fagan
29 August 2012 – M Duffy-Fagan and staff
19 July 2016 – K Pomfrett and M Duffy-Fagan
20 September 2018 K Pomfrett, M Duffy-Fagan, P Rosenkranc and Parent Committee T Bunt A Leung
June 2021 K Pomfrett and P Rosenkranc
Policy name change July 2022 K Pomfrett and L Berwick
July 2024 K Hewat & P Guy & M Duffy Fagan
August 2025 K Hewat, P Guy & L Berwick

Source: NSW Health and Medical Research Council (NHMRC) Australian Standard Vaccination Schedule from 1 July
Staying Healthy in Childcare 5th Edition NSW Health Department
Children's Services Regulation 2004 – Policies Required under Children's Services Regulation 2004
Education and Care Services National Regulations
Staying Healthy Preventing infectious diseases in early Childhood education and care services Fifth Edition
NQS QA2 2.3.3 Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
National Quality Standard 2.1.2 Effective illness and injury management and hygiene practices are promoted and implemented.
Child Incident/Injury/Trauma Report Definition How to Proceed
Reporting requirements about children ACECQA