



Glen Iris Childcare and Kindergarten

330-332 Warrigal Road, Glen Iris VIC 3146 – (03) 9889 8396

glenirisccc@bigpond.com
www.glenirischildcare.com.au



Incident, Injury, Trauma and Illness

POLICY

POLICY STATEMENT

Our organisation recognises that the health and safety of all children, families, staff and visitors is of the utmost importance. We aim to reduce the likelihood of incidents, injuries, illnesses and trauma by implementing comprehensive risk management strategies, effective hygiene practices and adequate training.

BACKGROUND

The *Education and Care Services National Regulations* require approved providers to ensure their services have policies and procedures in place in the event that a child is injured, becomes ill, or an incident occurs while attending the service.

LEGISLATION

- National Law Act – 165, 167, 174, 174A
- National Regulations – 77, 85–87, 89, 95, 97, 103, 104, 117, 168, 170–172, 183
- National Quality Standard – 2, 3.1, 7.1.2, 7.1.3

RELEVANT POLICIES

- Acceptance and Refusal of Authorisations
- Administration of First Aid
- Anaphylaxis Management
- Dealing with Infectious Diseases
- Dealing with Medical Conditions
- Emergency and Evacuation
- Enrolment and Orientation
- Excursions
- Health, Safety and Wellbeing
- Interactions with Children
- Nutrition, Food, Beverages, and Dietary Requirements
- Providing a Child-Safe Environment
- Safe Arrival of Children
- Safe Transportation of Children
- Staffing Arrangements
- Sleep and Rest for Children
- Sun Protection

LOCATION OF INFORMATION

- Centre Policy and Procedure Handbook
- Glen Iris Childcare and Kindergarten Website

MONITORING AND REVIEW

This policy is required to be reviewed at least annually by the approved provider, in conjunction with nominated supervisors, responsible persons, staff, families and children.

- Dates of Review: January 2024
January 2023
January 2022



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PROCEDURES

SERIOUS INCIDENTS AND INJURIES

- In the event of any child, staff, family member or visitor having a serious incident at the service, a staff member who has a first aid certificate will attend to the person immediately.
- First aid trained staff will:
 - ensure the safety of themselves and others by following DRSABCD.
 - attend to the injured person immediately.
 - assess whether further medical attention is required, *e.g. ambulance*.
 - contact emergency services on **000** (if required).
 - administer first aid.
 - ensure injured person is reassured.
 - refer to the person's medical management plan or action plan, if the illness or incident involves asthma, anaphylaxis or a medical condition.
 - notify parents, guardians, authorised nominees and/or next of kin to inform them that an ambulance has been called and request them to either:
 - come immediately to the service premises, or
 - meet the ambulance at the hospital.
 - notify nominated supervisor or responsible persons.
 - complete an incident, injury, trauma and illness record.
 - notify regulatory authority of the serious incident within 24 hours.
- Staff will make every attempt to contact the person's next of kin immediately.
- In the case of a child having a serious incident, if a parent or guardian cannot be contacted, recorded authorised nominees will be contacted.
- In case of an emergency where staff are not able to adequately treat the child at the service, an ambulance will be called and the child's parents or guardians will be contacted immediately.
- A staff member will escort the child in the ambulance and will remain with them until a parent, guardian or authorised nominee arrives. Staff are unable to transport children in their own vehicle.
- Adequate ongoing supervision will be provided to all children in attendance.
- All associated costs to treat the child, *e.g., ambulance*, are the responsibility of the child's parents or guardians.
- Staff will complete an incident record. A copy will be taken to give to the family, or to the doctor upon arrival at the hospital.
- The *Department of Education and Training (DET)* will also be notified in the case of an incident or injury that requires, or ought to have required, medical care. DET must be informed of the incident within 24 hours.
- Serious incidents will be reviewed and acted upon as necessary. Staff and persons involved will be debriefed.



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NOTIFICATION OF SERIOUS INCIDENTS AND INJURIES

- The national law requires the regulatory authority to be notified of any serious incidents or circumstances at the service, within 24 hours.
- Serious incidents are defined as:
 - Any incident involving a serious injury or trauma to a child while attending a service, which:
 - a reasonable person would consider required urgent medical attention from a registered medical practitioner, or
 - the child attended, or ought to have attended, a hospital.
 - Any incident involving serious illness of a child while attending a service where the child attended, or ought to have attended, a hospital.
 - Where emergency services attended a service in response to an emergency.
 - The death of a child while that child is being educated and cared for at the service or following an incident while that child was being educated and cared for by the service.
 - A child appears to be missing or cannot be accounted for.
 - A child appears to have been taken or removed from the service by someone not authorised to do so.
 - A child is mistakenly locked in or out of the service or any part of the service premises.
 - A complaint alleging a serious incident has occurred, or is occurring, while a child is being educated and cared for at the service.
 - A complaint that alleges the national law and/or regulations have been contravened.
 - Any allegation that sexual or physical abuse of a child has occurred, or is occurring, whilst the child is being educated and cared for by the service.
 - Any incident where a staff member reasonably believes that physical and/or sexual abuse of a child has occurred, or is occurring, whilst the child is being educated and cared for by the service.

MINOR INCIDENTS AND INJURIES

- In the event of any child, staff, family member or visitor having a minor incident at the service, a staff member who has a first aid certificate will attend to the person immediately.
- All incidents, injuries and/or illnesses need to be documented on an incident, injury, trauma and illness record.
- In the case of a child having a minor incident, staff will contact the parents or guardians to inform them of the incident so they can decide whether they want to collect the child.
- If a parent or guardian cannot be contacted, a message will be left on their phone.
- When a parent, guardian or authorised nominee arrives to collect their child, staff will inform them of any incidents or injuries that have occurred and the treatment administered, and will obtain their signature for the incident record.
- Immediately notify parents or guardians by telephone if their child:
 - has injured their head or face.
 - Is displaying signs or symptoms of concussion.
 - has been bitten by another child.
 - has a large and/or dark bruise, mark or scratch.
- If the only treatment for an injury is comfort, an incident report will still be written up, so if a mark shows up later, the service has knowledge of the history of what first happened.
- If a child approaches a staff member distressed or upset, staff will assess the child, ask them questions about what happened, and check their body to see if they have been hurt in any way.



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ILLNESS

- If a child falls ill whilst at the service, a parent or guardian will be contacted immediately and will be required to collect the child.
- Staff will record the details of the child's illness on an incident, injury, trauma and illness record and the parent or guardian will be required to sign the form to acknowledge they have been notified upon collection of the child.
- If a child has a fever, paracetamol can be administered to reduce the child's temperature following authorisation from a parent, guardian or authorised nominee over the phone.
- If a child is ill, the nominated supervisor or responsible persons will decide whether a child can attend the service, advised by exclusion periods listed on the exclusion table, and procedures listed in the *Dealing with Infectious Diseases* policy and *Staying Healthy in Childcare* guidelines.
- If an illness is contagious or listed on the exclusion table, the child cannot attend until they have been cleared by a medical practitioner.
- A child who is displaying symptoms of a contagious illness or virus will be moved away from the rest of the group and supervised until they are collected by a parent, guardian or authorised nominee. The child will then be excluded from care for a minimum of 24 hours.
- Children will be excluded from the service if they are displaying:
 - any of the infectious diseases listed in the children's services exclusion table.
 - fever or high temperature
 - vomiting, diarrhoea and/or loose bowel motions
 - rashes
 - red, swollen or discharging eyes
- Symptoms indicating illness include, but are not limited to:
 - behaviour that is unusual for the individual child
 - high temperature or fevers
 - vomiting, diarrhoea and/or loose bowel movements
 - faeces that are grey, pale or contain blood
 - discharge from the eye or ear
 - skin that displays rashes, blisters, spots, crusty or weeping sores
 - loss of appetite
 - dark urine
 - headaches
 - stiff neck, muscles or joint pain
 - continuous scratching of scalp or skin
 - difficulty in swallowing or complaining of a sore throat
 - persistent, prolonged or severe coughing
 - difficulty breathing
 - sensitivity to light
- Our organisation reserves the right to refuse a child's attendance at the service if they:
 - are unwell and unable to participate in normal activities or require additional attention.
 - have had a temperature or fever within the last 24 hours.
 - have been vomiting or had diarrhoea or loose bowel movements within the last 48 hours.
 - have been given medication for a temperature prior to arriving at the service.
 - have started a course of antibiotics in the last 24 hours.
 - have a contagious, infectious or undiagnosed disease.
 - have been in close contact with someone who has COVID-19.



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- When a child develops symptoms of illness while at the service, staff will:
 - observe the symptoms of illness and share this information with the child's family, and medical professionals where required.
 - contact the child's parents, guardians or authorised nominees to notify and organise collection.
 - ensure that the nominated supervisor or responsible persons are informed.
 - 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 or authorised nominee arrives, or another staff member takes over.
 - call an ambulance if a child appears very unwell or has a serious illness that needs urgent medical attention.
 - ensure that the child is returned into the care of a parent, guardian or authorised nominee as soon as practicable.
 - ensure that, where medication, medical or dental treatment is obtained, the parents or guardians are notified as soon as practicable and within at least 24 hours, and are provided with details of the illness and subsequent treatment administered to the child.
 - ensure that an incident, injury, trauma and illness record is completed as soon as practicable and within at least 24 hours of the occurrence.
- Parents and guardians must collect their child if they show any symptoms of illness or infectious diseases, and will be required to keep their child at home until the exclusion period is met and a medical clearance is provided.
- If a child becomes ill while attending the service, staff must complete an incident, injury, trauma and illness record.
- Staff are not doctors and are unable to diagnose an illness or infectious disease. To ensure the symptoms are not infectious and to minimise the spread of an infection, medical advice from a qualified professional may be required.
- Recommendations from the *Australian Health Protection Principal Committee* and *Department of Health* will be adhered to when required.
- During a pandemic, such as COVID-19, risk mitigation measures may be implemented within the service to manage the spread of the virus. These measures may include, but are not limited to:
 - mandatory COVID-19 vaccinations and boosters for staff.
 - encouraging influenza vaccinations for staff.
 - implementing social distancing between adults.
 - exclusion of unwell staff, children and visitors.
 - notifying vulnerable people within the workplace of the risks of the illness including:
 - persons with underlying medical needs.
 - persons with compromised immune systems.
 - First nations persons over the age of 50 with chronic medical conditions.
 - adhering to public health orders for mandated vaccination requirements for all early childhood education and care staff.
 - enforcing face coverings, temperature checks, work permits and visitor sign-in procedures.
 - restricting the number of visitors entering the service.
 - requesting families drop off and collect children from designated points outside the service.
 - reducing mixing of children by separating cohorts.
 - enhancing personal hygiene for children, staff, families and visitors.
 - fully adhering to the NHMRC childcare cleaning and disinfecting guidelines.
 - avoiding any situation when children are required to queue.
 - ensuring cots, mats, cushions, highchairs are positioned at least 1 metre apart.
 - cancelling events, incursions and extra-curricular activities.
 - lowering room capacity and restricting attendance.



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- conducting service tours and enrolments virtually.
- cancelling or restricting orientation procedures.
- enforcing rapid antigen testing in order to attend or return to care.

TRAUMA

- Trauma is defined as the impact of an event or a series of events during which a child feels helpless and pushed beyond their ability to cope.
- There are a range of different events that might be traumatic to a child, including accidents, incidents, injuries, illnesses, natural disasters, pandemics, assault, threats of violence, domestic violence, neglect, abuse, war and/or terrorist attacks. Parental, cultural or generational trauma can also have a traumatising effect on children.
- Behavioural responses in babies and toddlers who have experienced trauma may include:
 - avoidance of eye contact
 - loss of physical skills, e.g., *rolling over, sitting, crawling, walking*
 - fear of going to sleep, especially when alone
 - nightmares
 - loss of appetite
 - making very few sounds
 - increased crying and general distress
 - unusual aggression
 - constantly on the move with no quiet times
 - sensitivity to noise
- Behavioural responses in pre-school aged children who have experienced trauma may include:
 - new or increased clingy behaviour such as constantly following a parent or staff around
 - anxiety when separated from parents or carers
 - new problems with skills like sleeping, eating, going to the toilet and paying attention
 - shutting down and withdrawing from everyday experiences
 - difficulties enjoying activities
 - being jumpier or easily frightened
 - physical complaints with no known cause such as stomach pains and headaches
 - blaming themselves and thinking the trauma was their fault.
- It is imperative to understand that a child's behaviour may be a response to a traumatic event rather than just 'naughty' or 'difficult' behaviour.
- Staff can assist children dealing with trauma by:
 - observing and documenting behaviours and expressed feelings of the child.
 - creating a 'relaxation' space with familiar and comforting toys and objects children can use when they are having a difficult time.
 - having quiet time such as reading a story about feelings together.
 - trying different types of play that focus on expressing feelings, e.g. *drawing, playing with play dough, dress-ups*
 - helping children understand their feelings by using reflecting statements, e.g., *you look sad right now, I wonder if you need some help?*
- Strategies to assist families and staff to cope with children's stress or trauma may include:
 - taking time to calm down when having a strong emotional response. This may mean walking away from a situation for a few minutes or handing over to another person if possible.
 - planning ahead with a range of possibilities in case difficult situations occur.
 - remembering to find ways to look after own wellbeing, even if it is hard to find time or other things are deemed to be more important.
 - using supports available within relationships, e.g., *family, friends, colleague*



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- identifying supportive professionals to talk to about experiences and debrief with, e.g., *general practitioner, therapist, psychologist, other health professionals*
- accessing support resources, e.g., *BeYou, Emerging Minds, Beyond Blue, Lifeline*
- The organisation will remain alert on community events and disasters, e.g., *tragedies, serious accidents, bushfires, floods, drought, pandemics*, that could result in trauma in children within the short and/or long term.
- The organisation will also remain alert to traumatic events in the lives of individual children, families and staff.
- If trauma is identified, staff will support children by:
 - remaining calm and positive
 - maintaining supportive routines
 - listening to children sharing their feelings
 - providing comfort
 - talking with them about the event, if appropriate
- If the service identifies the need, professional advice will be obtained.

ANAPHYLAXIS AND ASTHMA

- Follow instructions as per the child's ASCIA action plan for children who are known to have medical conditions, asthma or allergies, including anaphylaxis.
- Administer medication, adrenaline autoinjector or reliever inhaler medication as instructed.
- Contact an ambulance immediately on **000**:
 - for any incident involving anaphylaxis.
 - for asthma emergencies if the child cannot breathe normally after following their asthma action plan and receiving reliever inhaler medication, or if their breathing become worse.
 - for medical condition emergencies that are not being adequately managed by prescribed medication or directions on the child's action plan.
 - if the child's breathing is compromised, they are unconscious or are unresponsive.
 - if the child is having a seizure or febrile convulsion.
 - whenever in any doubt.

HEAD INJURIES AND CONCUSSIONS

- All serious head injuries will be referred to a doctor or the nearest hospital. The person will be closely observed until a parent, guardian or next-of kin collects them from the service or they are transferred to hospital.
- If a person has suffered a head injury and is unconscious:
 - they should not be moved unless there is immediate danger.
 - call for an ambulance immediately on **000**.
 - monitor the airway and breathing until ambulance staff take over.
 - if breathing stops or they have no pulse, begin CPR immediately.
- It is common for children to bump their heads during everyday play, however it is difficult to determine whether an injury is serious or not. Therefore, any knock to the head is considered a head injury and parents or guardians should be contacted immediately and referred to a doctor.
- Emergency services should be contacted immediately on **000** if a child:
 - has sustained a head injury involving high speeds or fallen from a height.
 - loses consciousness.
 - seems unwell or vomits several times after hitting their head.



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CALLING AN AMBULANCE

- Staff should not hesitate to contact an ambulance on **000** if they think emergency services are required for any child, staff member or visitor.
- If there is a need for an ambulance to attend, call **000** for attendance or advise another staff member to make the call.
- On enrolment of a child, a parent or guardian is required to give written authorisation for staff to seek emergency, ambulance, medical, hospital or dental advice or treatment, if required.
- It is expected that staff will assess the situation and determine the need for an ambulance in situations other than those listed below.
- An ambulance must be called immediately on **000** for any of the following incidents:
 - When a person has stopped breathing, is experiencing difficulty breathing or is not breathing normally.
 - When a person is unconscious or is experiencing an altered state of unconsciousness.
 - When there is evidence of an anaphylactic reaction.
 - When there is evidence of an asthma attack.
 - When there is obvious evidence of a broken bone.
 - When a person is having a febrile convulsion or seizure.
 - When a person is experiencing severe bleeding, or is vomiting blood.
 - When there is a serious injury to the head, neck or back.
 - When a person is showing signs of shock.
 - Other incidents determined as serious by staff.
- Dial **000** and be prepared to answer the following:
 - the address of where the ambulance is required and the closest intersection.
 - what the problem is.
 - how many people are injured or unwell.
 - the person's age.
 - the person's gender.
 - if the person is conscious.
 - if the person is breathing.
- While waiting for the ambulance to arrive, ensure:
 - At least one first aid trained staff members remains with the injured or unwell person.
 - A staff member contacts a parent, guardian or next-of-kin.
 - A staff member waits out the front of the service to meet the ambulance.
 - Remaining staff members move children away from the area, redirecting the group to different activities, whilst keeping them calm and providing comfort and reassurance.
- In the event that an ambulance is called:
 - A parent, guardian or next-of-kin must be informed as soon as practicable that an ambulance was required.
 - The approved provider, nominated supervisor or responsible persons must be informed as soon as practicable that an ambulance was required.
 - The regulatory authority must be informed within 24 hours that an ambulance was required.
 - A staff member is to accompany a child in an ambulance in the absence of their family.
 - Families are required to pay any costs associated with the ambulance.
- **WHEN IN DOUBT, CALL AN AMBULANCE.**



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CHILD ARRIVES WITH AN INJURY

- Determine if the injury and the family's account of how their child was injured should be documented on an incident, injury, illness, trauma and illness record.
- When a family or child has not advised how the injury occurred upon arrival, assess the injury, and determine if the family should be contacted to ascertain further details.
- Ask the parent or guardian to review, sign and date the record upon arrival to collect their child.
- Where applicable, follow mandatory reporting procedures when there is a reasonable suspicion that a child has suffered, is suffering, or is at risk of suffering, significant harm caused by physical or sexual abuse, and the parent or guardian is not willing and able to protect the child from harm.

CHILD IS MISSING OR UNACCOUNTED FOR

- At all times, reasonable precautions and adequate supervision is provided to ensure children are protected from harm or hazards. However, a serious incident notification must be made to the regulatory authority, if a child appears to be:
 - missing or unaccounted for.
 - removed from the service premises in a way that breaches the national regulations.
 - is mistakenly locked in or locked out of any part of the service.
- A child may only leave the service:
 - in the care of a parent or guardian
 - in the care of an authorised nominee named in the child's enrolment record
 - in the care of a person authorised by a parent or authorised nominee
 - because the child requires medical, hospital or ambulance care
 - in an emergency, *e.g. fire*.
- Staff must ensure that:
 - attendance records are regularly cross-checked to ensure all children signed into the service are accounted for.
 - head checks are conducted frequently throughout the day.
 - children are actively supervised at all times.
 - visitors to the service are not left alone with children at any time.
 - students and trainees are not left alone with children at any time.
- Should an incident occur where a child is missing from the service, staff will:
 - attempt to locate the child immediately by conducting a thorough search of the premises, including checking any areas that a child could be locked into by accident.
 - cross check the attendance record to ensure the child hasn't been collected by an authorised person or signed out by another person.
 - if the child is not located within a 10-minute period, emergency services will be contacted, and the service will notify a parent or guardian.
 - continue to search for the missing child until emergency services arrive whilst providing adequate supervision for other children in care.
 - provide information to police such as the child's name, age, appearance, what they were wearing and details of where the child was last sighted.
- The approved provider is responsible for notifying the regulatory authority of a serious incident within 24 hours of the incident occurring.

INCIDENT, INJURY, TRAUMA AND ILLNESS RECORDS

- Incident, injury, trauma and illness records will be filled in for any child who has been injured, experienced trauma, been involved in a near miss or who has been sent home due to illness.



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- All incident, injury, trauma and illness records will be kept until the child is 25 years of age.
- Staff are required to complete documentation of any incident, injury, trauma or illness that occurs when a child is being educated and cared for by the service. A record must be written up within 24 hours of the incident, injury, trauma or illness.
- The following incidents must be documented on an incident, injury, trauma and illness record:
 - injury - an instance of being injured.
 - illness - disease or period of sickness affecting the body or mind.
 - trauma – harm or potential harm to emotional or physical wellbeing after experiencing an event or circumstance.
 - near miss - an incident that almost occurred which may have caused injury or trauma.
 - lockdown.
 - evacuation.
 - security breach.
- Details that must be entered in the incident, injury, trauma and illness record include the following:
 - the name and age of the person.
 - the circumstances leading to the incident, injury or trauma, or relevant circumstances surrounding the person becoming ill.
 - the time and date the incident occurred, the injury was received, the person 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 onset of illness.
 - the name of any person the service notified, or attempted to notify, of any incident, injury, trauma or illness that a person suffered while being educated and cared for by the service.
 - the time and date of notifications and/or 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, authorised nominee or next of kin to verify that they have been informed of the occurrence.
- Incidences of biting, scratching, dental or mouth injury will be documented on an incident, injury, trauma or illness record. Due to confidentiality and privacy laws, only the name of the child injured will be recorded on the record. Any other children involved will not have their names recorded.
- If other children are injured or hurt, separate records will be completed for each child involved in the incident.
- A parent, guardian or authorised nominee must acknowledge the details contained in the record, sign and date the record on arrival to collect their child.
- Care and thought should be given as to when and how these records are filled in, ensuring that anything written is recorded correctly, factually and sensitively.

FIRST AID KITS

- The service stocks and maintains up-to-date, fully stocked first aid kits. The service utilises a checklist to ensure kits are adequately maintained, in date, and fully stocked.
- First aid kits should:
 - not be locked.
 - not contain paracetamol.
 - be suitable for the number of employees and children, and sufficient for the immediate treatment of injuries at the service.



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- be easily accessible by staff.
 - be located where it takes no longer than a minute to reach.
 - be regularly checked using the against the checklist to ensure the contents are as listed and have not deteriorated or expired.
- First aid kits must be taken on excursions and first aid qualified staff must be in attendance.
 - When determining how many first aid kits are appropriate, the organisation should consider the number of children in attendance as well as the proximity of rooms to each other and the distances from outdoor spaces to the nearest first aid kit.
 - *Asthma Australia* recommends that spacers and face masks are for single-use only. It is essential to have at least two spacers and two face masks in each first aid kit, and these should be replaced once used.
 - Having an adrenaline autoinjector for general use should be considered as being additional to the prescribed adrenaline autoinjectors and should **NOT** be a substitute for children at high risk of anaphylaxis having their own prescribed adrenaline autoinjector/s.
 - If children are taken by staff outside the premises, staff must ensure that they carry the following:
 - A suitably equipped first aid kit.
 - The telephone number of any person who is to be notified of any incident involving a child.
 - An operational mobile telephone with an appropriate connection to a telephone network.
 - If any child has been diagnosed as at risk of anaphylaxis, the child's anaphylaxis medication and anaphylaxis medical management plan.
 - If any child has been diagnosed with a medical condition, *e.g., asthma, epilepsy, diabetes*, the child's medication and medical management plan.
 - If a child diagnosed at risk of anaphylaxis is being cared for by the service, staff must ensure that their anaphylaxis medication is:
 - Easily recognisable and readily accessible to adults.
 - Inaccessible to children.
 - Stored away from direct sources of heat.

IDENTIFYING TRENDS

- When an incident or injury trend is identified, staff must implement preventative actions to improve practice and minimise the risk of incidents re-occurring.
- The most common types of injuries are:
 - Cuts, open wounds or bleeding
 - broken bones, fractures or dislocations
 - head injuries or concussions
- Common causes or injury include:
 - a fall or trip
 - child to child interaction
 - equipment, furniture or toys
- Incidents are more likely to happen:
 - in outdoor play areas
 - during mid-morning (approx. 10-11am) and mid-afternoon (approx. 3-4pm)
 - during the middle of the week (from Tuesday to Thursday)
 - to children aged 3 and 4 years old
 - to male children



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- Strategies to reduce these incidents include:
 - modifying the service environment, e.g., *removing equipment, rearranging layout, or installing safety equipment.*
 - regular audit, quality and risk assessments to identify hazards and rectify issues.
 - reviewing best practice guidance from recognised authorities, e.g., *Department of Health, Staying Healthy in Childcare, Kidsafe.*
 - discussions, reminders and regular communication with children, families and staff about health and safety practices.
 - training and development of staff in relation to children's health, safety and development.
 - collation and analysis of child incident data to identify trends.
 - establishing dedicated roles or teams responsible for health, safety and wellbeing.
 - considering the planning of the environment and experiences, ensuring spaces are safe.
 - thoughtfully grouping children to effectively manage supervision and any potential risks to children's health and wellbeing.
 - responding to children in a timely manner.
 - providing comfort and reassurance and ensuring 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.
 - maintain high levels of active supervision at all times.
 - reviewing supervision plans regularly.
 - adequately completing open and close procedures at the beginning and end of each day.
 - directly supervising water play activities and ensure that water is tipped out at the end of each session.
 - maintaining and repairing buildings, indoor and outdoor spaces, and equipment.

WORKSAFE

- Any serious workplace incident, injury, trauma or illness will be investigated, and records kept as per workplace health and safety legislation and guidelines.
- Serious injury or illness is a notifiable incident under the work, health and safety legislation.
- Serious injury or illness means a person requires:
 - immediate treatment as an in-patient in a hospital
or
 - immediate treatment for:
 - the amputation of any part of the body
 - a serious head injury
 - a serious eye injury
 - a serious burn
 - the separation of skin from an underlying tissue, e.g., *degloving, scalping*
 - a spinal injury
 - the loss of a bodily function
 - serious lacerations or
 - medical treatment within 48 hours of exposure to a substance.
- A serious illness includes any infection to which the carrying out of work is a significant contributing factor, e.g., *an infection that can be linked to providing treatment to a person or coming into contact with human blood or body substances.*
- A dangerous incident is also notifiable under the legislation.
- Dangerous incidents include:
 - an uncontrolled escape, spillage or leakage of a substance.
 - an uncontrolled implosion, explosion or fire.



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- an uncontrolled escape of gas or steam.
- an uncontrolled escape of a pressurised substance.
- electric shock.
- the fall or release from a height of any plant, substance or thing.
- the collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be authorised for use in accordance with the regulations.
- the collapse or partial collapse of a structure.
- the collapse or failure of an excavation or of any shoring supporting an excavation.
- the inrush of water, mud or gas in workings, in an underground excavation or tunnel.
- It is the organisation's fundamental responsibility to provide a safe and healthy work environment, which includes:
 - protecting the health and safety of staff and anyone else affected by workplace activities including children, families, contractors and visitors.
 - identifying and controlling workplace health and safety risks for all people in the workplace including staff, children, families, contractors and visitors.
 - consulting with staff on matters that affect their health, safety and welfare.
 - providing adequate training and supervision for all employees to work safely.
- Staff must:
 - carry out their work in a way that does not put their own health and safety, at risk, or that of others in the workplace.
 - identify and report potential workplace hazards.
 - report all work-related injuries, and complete incident records.
 - read, understand, follow and enforce the organisation's policies and procedures.
 - participate in workplace consultation about health and safety matters.
- Staff may be at risk of injuries from:
 - awkward postures due to:
 - sitting on children's furniture or the floor.
 - crouching or kneeling at floor level.
 - working at floor level to tidy up.
 - tripping or falling due to raising or lowering the body to or from low levels.
 - no adult-sized seating options being available.
 - working at low levels for long durations.
 - bending, twisting and exerting high or unexpected force due to manually lifting, moving or carrying heavy or awkward equipment.
 - no aids being available to move supplies or equipment, *e.g.*, *trolleys*
 - poorly maintained or inappropriate ladders.
 - an insufficient number of people to undertake the task.
 - pushing or pulling evacuation cots that are difficult to manoeuvre.
 - tripping or falling due to overcrowded or poorly designed storage areas.
 - being hit by falling objects due to unstable or insufficient shelving.
 - placement of objects above shoulder height or below knee height.
 - no ladders or step platforms available to access higher shelves.
 - poorly designed, cluttered or poorly maintained office areas.
 - prolonged and intense keyboard and mouse use and high demands on vision.
 - inappropriate seating.
 - supporting the telephone on the shoulder when using a computer or writing.
 - sustained mental effort and peak demands or set work rates.
 - insufficient time to complete work.
 - unsecured filing cabinets or unstable shelving.
 - falling from height when displaying artwork without appropriate aids.
 - tripping and falling due to:
 - toys that haven't been packed away.



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- poorly maintained or uneven floor surfaces.
- wet floor surfaces.
- repetitive movements required to clean surfaces.
- bending, twisting and reaching to lift children due to the design, placement or characteristics of cots, highchairs or change tables.

WORKCOVER

- The approved provider or nominated supervisor must notify *WorkCover* by telephone or in writing as soon as possible after a serious incident, injury, trauma or illness.
- Records of the incident must be kept for at least 5 years from the date that the incident is notified.
- The organisation must ensure the site where the incident occurred is left undisturbed as much as possible until an inspector arrives, or as directed by *WorkCover*.
- If a staff member is injured at work, either psychologically or physically, they may be able to claim *WorkCover* entitlements. To have a claim accepted, they must be able to establish that work has been a substantial contributing factor to their injury.
- Should a staff member sustain a workplace injury or illness, their return to work needs careful management. Where there has been a workers' compensation claim, a return-to-work plan will generally be developed in consultation between the employee, employer, the relevant insurance company representatives, rehabilitation provider and medical professionals treating the employee.
- It is very important to ensure that any work restrictions placed on an employee by their treating physician are observed and that they are not required to undertake duties that will exacerbate their injury.
- Depending on the severity of the injury, an employee may need to return on reduced hours and gradually increase their work time to the pre-injury hours.

ROLES AND RESPONSIBILITIES

Approved Provider	<ul style="list-style-type: none"> • Ensure that an enrolment record is kept for each child which contains all prescribed information. • Securely store incident, injury, trauma and illness records until the child is 25 years old. • Complete an incident, injury, trauma and illness record as soon as is practicable, but within 24 hours, of an incident, injury, trauma or illness. • Ensure a parent or guardian of a child is notified as soon as is practicable, but within at least 24 hours, of an incident, injury, trauma or illness. • Notify the regulatory authority within 24 hours of a serious incident. • Ensure at least one staff member is in attendance at all times, and is immediately available in an emergency, that holds current approved first aid qualifications. • Ensure that all staff are aware of children's medical management plans and their responsibilities in the event of an incident, injury or emergency. • Ensure that the premises are regularly maintained and hazards are removed immediately. • Ensure that completed medication records are kept until the end of 3 years after the child's last attendance. • Advise parents and guardians to keep their children home if they are unwell, and ensure they remain excluded until they are feeling well, and have not had any symptoms for at least 24-48 hours.
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	<ul style="list-style-type: none"> • Ensure first aid kits are suitably equipped, easily accessible, and checked on a regular basis. • Notify parents on any infectious diseases circulating the service within 24 hours of detection. • Implement recommendations from the <i>Australian Health Protection Principal Committee</i> and <i>Department of Health</i> when required. • Ensure that the orientation and induction of new staff includes an overview of their responsibilities in the event of a serious incident or emergency. • Protect the health and safety of staff and anyone else affected by workplace activities including children, families, contractors and visitors. • Identify and control workplace health and safety risks for all people in the workplace including staff, children, families, contractors and visitors. • Consult with staff on matters that affect their health, safety and welfare. • Provide adequate training and supervision for all employees to work safely. • Notify <i>WorkCover</i> by telephone or in writing as soon as possible after a serious incident, injury, trauma or illness. • Read, understand, follow and enforce the organisation's policies and procedures.
<p>Nominated Supervisor and Responsible Persons</p>	<ul style="list-style-type: none"> • Ensure that an enrolment record is kept for each child which contains all prescribed information. • Complete an incident, injury, trauma and illness record as soon as is practicable, but within 24 hours, of an incident, injury, trauma or illness. • Ensure a parent or guardian of a child is notified as soon as is practicable, but within at least 24 hours, of an incident, injury, trauma or illness. • Notify the regulatory authority within 24 hours of a serious incident. • Ensure at least one staff member is in attendance at all times, and is immediately available in an emergency, that holds current approved first aid qualifications. • Ensure that all staff are aware of children's medical management plans and their responsibilities in the event of an incident, injury or emergency. • Ensure that the premises are regularly maintained and hazards are removed immediately. • Advise parents and guardians to keep their children home if they are unwell, and ensure they remain excluded until they are feeling well, and have not had any symptoms for at least 24-48 hours. • Ensure first aid kits are suitably equipped, easily accessible, and checked on a regular basis. • Notify parents on any infectious diseases circulating the service within 24 hours of detection. • Implement recommendations from the <i>Australian Health Protection Principal Committee</i> and <i>Department of Health</i> when required. • Ensure that the orientation and induction of new staff includes an overview of their responsibilities in the event of a serious incident or emergency. • Protect the health and safety of staff and anyone else affected by workplace activities including children, families, contractors and visitors. • Identify and control workplace health and safety risks for all people in the workplace including staff, children, families, contractors and visitors. • Consult with staff on matters that affect their health, safety and welfare. • Provide adequate training and supervision for all employees to work safely. • Notify <i>WorkCover</i> by telephone or in writing as soon as possible after a serious incident, injury, trauma or illness.



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	<ul style="list-style-type: none"> • Read, understand, follow and enforce the organisation's policies and procedures.
<p>Educators and Staff Members</p>	<ul style="list-style-type: none"> • Seek medical attention if required after an incident, injury, trauma or illness. • Administer first aid as appropriate. • Complete an incident, injury, trauma and illness record as soon as is practicable, but within 24 hours, of an incident, injury, trauma or illness. • Ensure a parent or guardian of a child is notified as soon as is practicable, but within at least 24 hours, of an incident, injury, trauma or illness. • Hold a current approved first aid qualification. • Ensure awareness of children's medical management plans and responsibilities in the event of an incident, injury or emergency. • Be aware of the signs and symptoms of injury, illness or trauma. • Ensure that the premises are regularly maintained and hazards are removed immediately. • Advise parents and guardians to keep their children home if they are unwell, and ensure they remain excluded until they are feeling well, and have not had any symptoms for at least 24-48 hours. • Ensure appropriate cleaning practices are followed. • Implement recommendations from the <i>Australian Health Protection Principal Committee</i> and <i>Department of Health</i> when required. • Ensure that the orientation and induction of new staff includes an overview of their responsibilities in the event of a serious incident or emergency. • Protect the health and safety of staff and anyone else affected by workplace activities including children, families, contractors and visitors. • Read, understand, follow and enforce the organisation's policies and procedures.
<p>Parents, Guardians and Families</p>	<ul style="list-style-type: none"> • Be contactable, either directly or through emergency contacts listed on the enrolment form, in the event of an incident requiring medical attention. • Ensure that all telephone numbers for parents, guardians and authorised nominees are correct and up to date. • Provide authorisation in the child's enrolment form for the service to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance and, if required, transportation by an ambulance. • Notify the service upon enrolment of any specific health care needs of the child, including any medical conditions, allergies and health needs, and any medical management plans that need to be followed. • Ensure any medical management plans at the service are kept up-to-date. • Provide any prescribed medication listed on the child's medical management plan, ensuring it is in date. • Collect the child as soon as possible when notified of an incident, injury, trauma or illness. • Notify the service of any infectious disease or illness that has been identified when the child has been absent from the service. • Adhere to recommended periods of exclusion. • Notify staff if there has been a change in the condition of the child's health, or of recent accidents or incidents that may impact the child's care. • Notify the service when the child is ill and will be absent. • Read, understand and follow the organisation's policies and procedures.



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SOURCES

- ACECQA – *Managing and Responding to Injury, Trauma and Illness Incidents* – March 2023
- ACECQA – *Incident, Injury, Trauma and Illness Policy Guidelines* – June 2021
- Australian Children’s Education and Care Quality Authority
- Child Australia – *Work Health and Safety in Education & Care Services* – March 2012
- Children, Youth and Families Act 2005 – September 2023
- Department of Education and Training
- Early Childhood Australia Code of Ethics 2016
- Education and Care Services National Law Act 2010 – July 2023
- Education and Care Services National Regulations 2011 – July 2023
- Guide to the National Quality Framework 2018 – July 2023
- NHMRC – *Staying Healthy in Childcare* – June 2013
- WorkSafe Victoria – *Children’s Services OH&S Compliance Kit* – October 2019
- Victorian Government – *Emergency Management in Early Childhood Services* – June 2023