



Title	Incident, Injury, Trauma & Illness Policy & Procedure
Date of Approval	September 2009
Date Last Reviewed	September 2017
Date of Next Review	August 2018
Approved By	General Manager
Owner	General Manager
Version	5
Purpose or Reason	Education and Care Services National Regulations 2011
Source or Reference Material	NQS QA 2.3.3

VERSION CONTROL

Version No.	Date	Comment	Author
1	Sep 2009	Developed to ensure clear guidelines for dealing with incidents, injuries, trauma and illness.	Manager
2	Nov 2014	Reviewed and reformatted by ACS CoM for consistency	ACS CoM
3	Jan 2015	Modified after review of an incident to include a procedure for seeking advice from services such as 'Nurse on Call' and 'Ambulance Victoria' prior to taking action	General Manager
4	Sep 2016	Modified in response to a 'serious incident'. The Team Leader will be responsible for ensuring a review of the serious incident is undertaken within one week of the incident taking place.	General Manager
5	Sep 2017	Changed title of Team Leader to Service or Centre Coordinator / OSHC Leader	General Manager

Policy

Scope

The Incident, Injury, Trauma & Illness Policy and Procedure applies to all Alpine Children's Services (ACS) staff, Family Day Care Educators, parents/guardians, children, volunteers, students and contractors involved with the service.

Policy Statement

Alpine Children's Services will ensure each child receives efficient and appropriate care, and medical attention if required, following an incident, injury, trauma or illness.

Objectives/Principles

1. Establish procedures that promote the wellbeing of each child
2. Maintain communication with families to ensure they are informed of any incidents, injury, trauma or illness to their child
3. Ensure that records of any incidents, injury, trauma or illness are documented appropriately and adequately, and transmitted to the Regulatory Authority (Victorian Department of Education and Training) as required, and stored according to legislative requirements.

Responsibilities

The **General Manager** is responsible for ensuring the following first aid courses are provided as needed by the organisation:

- a) Apply First Aid;
- b) Emergency Asthma Management;
- c) Management of Anaphylaxis.

Service or Centre Coordinators / OSHC Leaders are responsible for the following:

1. Notifying the Regulatory Authority of any serious incident at the education and care service, the death of a child, or complaints alleging that the safety, health safety or wellbeing of a child was, or is, being comprised
2. Ensuring that a parent of a child being educated and cared for by the service is notified as soon as practicable and not later than 24 hours after the occurrence, if the child is involved in any incident, injury, trauma, illness while the child is being educated and cared for by the education and care service.
3. Ensuring that an incident, injury, trauma, illness record is kept in accordance with Regulation 87
4. Notifying the General Manager of a serious incident as soon as practicable and not later than 24 hours after the occurrence.
5. Ensuring that at least one First Aid qualified educator is on the premises at all times.
6. Ensuring that any incident, injuries, trauma and illnesses are documented in their services Risk/Incident report.
7. Ensuring the service undertakes a documented review within seven days of a serious incident to consider any improvements, changes to equipment / practices etc to minimise further incidences.

Educators are responsible for the following:

1. Fulfilling their duty of care at all times and make every reasonable effort to ensure the health, safety and wellbeing of each child in their service.
2. Organising the play environment considering the effect on supervision to allow educators to monitor children's play with ease.
3. Keeping an 'Incident, injury, trauma and illness record' and educators will complete these as required under Regulation 87.
4. Ensuring parents are notified of the incident, injury, trauma or illness as soon as practicably possible and without undue delay. Parents will be notified no later than 24 hours of the injury, illness or trauma. Parents (or alternate contacts as authorised by the parent) will be notified immediately of a serious incident including a head injury. Educators are responsible for ensuring parents sign the Incident, injury, trauma or illness record.
5. Ensuring details are noted if any medical or dental attention is sought (detailed in the 'Additional notes/follow up' section of the Incident, injury, trauma or illness record).

Procedure

Effective Supervision

Effective supervision is important in minimising incidents, injury and trauma. Educators effectively supervise children by watching and attending the environment. Educators avoid activities that will draw their attention away from supervision such as reading or speaking on the phone. If educators are required to move away from actively supervising children they should make sure they are replaced by another educator.

Active supervision can be achieved in a number of ways:

1. Direct and constant monitoring by educators in close proximity to children is useful for actively supervising activities that involve some risk, for example wood work activities, cooking experiences and any children's play that is near water.
2. Careful positing of educators to allow them to observe the maximum area possible. By moving around the area educators can ensure the best view possible, and that they are always facing the children.
3. Scanning or regularly looking around the area to observe all the children in the vicinity is useful when educators are supervising large groups of children.
4. Listening closely to children near and far will help to supervise areas that may not be in the educator's direct line of sight. This is particularly useful when listening out for sleeping babies through a monitor or when supervising areas where children may be playing in corners, behind tress or play equipment.
5. Observing children's play and anticipating what may happen next will allow educators to assist children as difficulties arise and to intervene where there is potential danger to children.
6. Balancing activities to ensure risk is minimised and there are sufficient educators to attend to children's needs.

Environment

ACS designs the environment by first considering the effect on supervision to allow educators to monitor children's play with ease. This includes changes to the indoor and outdoor environment. For example, supervision must be considered prior to planting of any new shrubs, trees etc.

Pets

ACS will minimise the risk of injury and safeguard the health of children in care by ensuring:

- children are protected by a hygiene program e.g. washing hands after handling pets, pets not licking children's faces
- any dogs accompanying families on either drop off or collection to the service are kept on a leash at all times and tied up well of the front entrance of the service
- animal droppings are immediately cleared by the pet owner
- educators strictly supervise child/ren's interactions with pets at all times

First Aid Precautions

At no time will assistance or first aid be refused to any child. When dealing with external bleeding, educators should minimise the risk of infection from contact with blood by taking the following precautions:

- a) Use disposable gloves when dealing with blood, urine or faeces.
- b) Wash hands before and after administering first aid.
- c) Any body parts that come in contact with blood should be washed thoroughly.
- d) Place wastes contaminated with blood in a plastic bag and seal for disposal.

- e) Wipe down any bloodied areas.
- f) Thoroughly wash any instruments used in first aid.
- g) If another child comes into contact with the blood, wash any area that has been bloodied.

To minimise the risk of infection when performing Expired Air Resuscitation, it is required that educators involved in such resuscitation use a disposable pocket mask with a one-way valve.

First Aid Kit Guidelines

The service will provide first aid facilities that are adequate for the immediate treatment of injuries that arise at the place of work. The service must ensure first aid facilities include a first aid kit appropriate for the number of employees on each site and work environment. The first aid kits will:

- a) Be in a place that takes an employee no longer than two minutes to reach their nearest first aid kit, including time required to access secure areas.
- b) Be constructed of resistant material, be dustproof and of sufficient size to adequately store the required contents.
- c) Be in a child-proof container.
- d) Not contain paracetamol.
- e) Be regularly checked on a monthly basis using the first aid checklist to ensure the contents are as listed and have not deteriorated or expired. Our first aid kits at the service are maintained by a staff member (which includes a back up person) to ensure the kits are maintained in a proper condition and have the required quantities at all times.
- f) Have a white cross on a green background with the words 'First Aid' prominently displayed on the outside.
- g) Be located at points convenient to the work force and where there is a risk of injury occurring.

The service's portable First Aid kits will be taken on excursions and be attended by first aid qualified educators.

Procedure for Administration of First Aid

If there is an accident, illness or injury requiring first aid, the following response procedure will be implemented:

- a) Educator notifies a first aid qualified educator of the incident, illness or injury and then the Service or Centre Coordinator / OSHC Leader.
- b) Service or Centre Coordinator / OSHC Leader or first aid qualified educator reviews child's medical information including any medical information disclosed on the child's enrolment form, medical management plan or medical risk minimisation plan before the first aid qualified educator attends to the injured or ill child or adult. If the illness or incident involves asthma or anaphylaxis, an educator with approved asthma or anaphylaxis training will attend to the child or adult.
- c) Service or Centre Coordinator / OSHC Leader and educators supervise and care for children in the vicinity of the incident, illness or injury.
- d) If required, first aid qualified educator or Service or Centre Coordinator / OSHC Leader notifies and co-ordinates ambulance (see Procedure for a Child Requiring an Ambulance).
- e) If required, first aid qualified educator or Service or Centre Coordinator / OSHC Leader notifies parent or authorised nominee that child requires medical attention from a medical practitioner.
- f) If required, educator or Service or Centre Coordinator / OSHC Leader contacts parent or emergency contact to collect child from service.

- g) Service or Centre Coordinator / OSHC Leader ensures Incident, Injury, Trauma and Illness Record is completed in full and without delay and parent or emergency contact is notified as soon as possible and within 24 hours of the injury, illness or trauma.
- h) The Service or Centre Coordinator / OSHC Leader must notify the General Manager of a serious incident as soon as practicable and not later than 24 hours after the occurrence.

Procedure for a Child requiring Medical Treatment

Immediate Action

- a) A first aid qualified educator is to assess the injury, trauma or illness and administer **Emergency First Aid**.
- b) A second educator is to contact the Parent/Guardian/Emergency contact to request the child be collected.
- c) Ensure the child is comfortable and kept under adult supervision.
- d) In the case that a Parent/Guardian/Emergency contact cannot collect the child promptly the second educator is to contact 'Nurse on Call' on **1300 60 60 24** or 'Ambulance Victoria' on **000** to request advice on the appropriate course of action.
- e) Follow the advice from either service.
- f) Maintain communication with the Parent/Guardian/Emergency contact.
- g) Complete an Incident, Injury, Trauma and Illness Record and provide parents with a copy as soon as possible.
- h) The Service or Centre Coordinator / OSHC Leader is to verbally inform the General Manager and also provide them with a copy of the Incident, Injury, Trauma, and Illness Record. The General Manager will organise appropriate support for the family and staff.
- i) The Service or Centre Coordinator / OSHC Leader or General Manager is to notify the Regulatory Authority within 24 hours of the incident, injury, trauma or illness.

Procedure for a Child requiring an Ambulance

Immediate Action

- a) A first aid qualified educator is to assess the injury, trauma or illness and administer **Emergency First Aid**.
- b) A second educator is to telephone an ambulance to attend - dial 000.
- c) Ensure the child is comfortable and kept under adult supervision.
- d) Inform the Service or Centre Coordinator / OSHC Leader.
- e) Parent/Guardians/Emergency contact must be informed **immediately**.
- f) Tell the Parents/Guardians/Emergency Contact that an ambulance is on its way to the service. If he/she is unable to reach the service to meet the ambulance, and then ask him/her to meet the ambulance at the hospital (indicate the expected hospital).
- g) **The Team Leader is to ensure that an educator, who is known to the child, accompanies him/her to the hospital.**
- h) Complete an Incident, Injury, Trauma and Illness Record and provide parents with a copy as soon as possible.
- i) If possible, ensure that educators have the following information when accompanying the child to the hospital: Incident, Injury, Trauma and Illness Record & the Hospital Transfer Form
- j) The Service or Centre Coordinator / OSHC Leader is to verbally inform the General Manager and also provide them with a copy of the Incident, Injury, Trauma, and Illness Record. The General Manager will organise appropriate support for the family and staff.

- k) The Service or Centre Coordinator / OSHC Leader or General Manager is to notify the Regulatory Authority within 24 hours of the incident, injury, trauma or illness.
- l) The Service or Centre Coordinator / OSHC Leader is to contact the Parents/Guardians/Emergency Contact for further information regarding the child's progress and well-being.