



## Background

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The safety of children at the service is the ultimate priority.

To comply with the Education and Care National Regulations 2011 and the National Quality Standard 2011, services need well-considered and documented processes so that staff and educators can respond to children's injuries competently and calmly and in a way that ensures that children are kept safe and/or risk of further harm reduced.

## Policy statement

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This Policy details how Jindabyne OSHC ensures that staff and educators possess the qualifications, knowledge, skills and training to respond to children who are unwell or have been injured, and how it communicates with parents to ensure staff and educators can best respond to their children's identified medical needs.

To this end, Jindabyne OSHC recognises the importance of competent First Aid in the management of injuries and illness, especially among young children. The staff are qualified in First Aid and CPR, and trained to deal with asthma and anaphylaxis. Information about children's known medical conditions is readily accessible, as is any medication required to manage those conditions

## Strategies and practices

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- The Service maintains an up-to-date record of the First Aid and CPR status of all educators, together with their anaphylaxis and asthma management training.
- The First Aid Kit is located so that educators can readily access it in an emergency. The Kit is clearly labelled. It is stocked according to the [First Aid Kit – List of Items](#) as recommended by an approved First Aid training provider. This kit is also portable for excursions and it is stocked according to the [Excursion Bag Checklist](#). The contents of both First Aid Kits are cleaned, expiry dates checked, and replenished at least once per month by completing the [First Aid Kit Contents Checklist](#).
- The Nominated Supervisor maintains records of the name, address and telephone number of each child's parents, persons authorised by the parents to consent to medical treatment or ambulance transportation for the child, and the family doctor. Parents are required to inform the Service of any changes to these contact details.
- The Service maintains Medical Management Plans for children with identified medical conditions. These plans are checked monthly along with the First Aid kit checklist. With parental consent, copies of each child's Medical Management Plan are displayed in strategic places throughout the Service, including food preparation and eating areas. With the child's right to privacy in mind, the

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Plans are not accessible to visitors or other families. The Plans are strictly adhered to in any emergency. Refer to the *Service's Medical Conditions Policy*.

- In the event of a child displaying early symptoms of a childhood illness (e.g. temperature), the child will be separated from other children, First Aid administered as appropriate, the child made comfortable and their condition closely monitored, and recorded on the Illness Record. Parents will be notified and asked to collect their child as soon as possible to obtain medical attention. Refer to the *Service's Medical Conditions Policy*.
- Should a child become exposed to bodily fluids such as another's saliva or blood (e.g. through a bite), the parents will be contacted to collect their child and obtain medical advice.
- In the event of an injury to a child the educator is to complete an Incident, Injury and Trauma Record. Parents are asked to sign the Record (as proof of disclosure of information), and they receive a copy.
- In the event of an incident with a child relating to that child's identified medical condition, that child's Medical Management Plan must be followed explicitly. An Incident, Injury and Trauma Record is to be completed, signed by the parents, and they receive a copy.
- If a child experiences an incident (e.g. seizure) that is considered might happen again, the Service will document it on an Incident, Injury and Trauma Record, and on a Medical Conditions Management Plan – General Illness.
- Staff are to inform the Nominated Supervisor as soon as possible if they have an accident or are injured at work. The staff member will be asked to complete a staff incident report form for the Service's records. If the staff member seeks medical advice, this information should be added to the records. The staff member is also required to notify the Nominated Supervisor of any application for WorkCover, and to keep the Nominated Supervisor informed of any progress.
- The Nominated Supervisor will notify the Regulatory Authority via the NQA ITS Portal as soon as practicable but no later than 24 hours after any serious incident such as:
  - the death of a child–
    - while that child is being educated and cared for by the Service; or
    - following an incident occurring while that child was being educated and cared for by an education and care service;
  - any incident involving serious injury or trauma to a child occurring while that child is being educated and cared for by an education and care service–
    - which a reasonable person would consider required urgent medical attention from a registered medical practitioner; or
    - for which that child attended, or ought reasonably to have attended, a hospital;
  - any incident involving serious illness of a child occurring while that child is being educated and cared for by an education and care service for which the child attended, or ought reasonably to have attended, a hospital;
  - any emergency for which emergency services attended;
  - any circumstance where a child being educated and cared for by an education and care service–
    - appears to be missing or cannot be accounted for; or

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- appears to have been taken or removed from the education and care service in a manner that contravenes these Regulations; or
  - Is mistakenly locked in or locked out of the Service or any part of the premises.
- If it is discovered that a child is **not** in the Service, **not** signed out, and educators are **unsure** of their departure (i.e. the child is missing), the police and the parents will be phoned immediately.
  - Educators remain alert to community events (e.g. bush fires, flood, drought, pandemics) that could result in trauma in children within the short and/or long term. They also remain alert to a traumatic event in the lives of individual children. If trauma is identified, educators support children by: remaining calm and positive; maintaining supportive routines; listening to children sharing their feelings; talking with them about the event. If the Nominated Supervisor, in discussion with the educators working directly with the child/children identifies the need, professional advice/training will be obtained.

## Responsibilities of parents

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- To ensure their own contact details and those of any persons authorised by the parents to consent to medical treatment or ambulance transportation details are accurate, complete and up-to-date.

## Procedure and forms

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- First Aid Kit Contents Checklist
- First Aid Kit – List of Items
- Illness Record
- Incident, Injury and Trauma Record
- Medical Conditions Management Plan – General Illness

## Links to other policies

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- Enrolment and Orientation Policy
- Management of Infectious Diseases Policy
- Medical Conditions Policy

## Links Education and Care Services National Regulations 2011, National Quality Standard 2011

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Regs	11	Meaning of serious incident
	85	Incident, injury, trauma and illness policies and procedures
	86	Notification to parents of incident, injury, trauma and illness
	87	Incident, injury, trauma and illness record
	89	First Aid kits
	147	Medical conditions policy
	136	First Aid qualifications
	146	Nominated supervisor
	161	Authorisations to be kept in enrolment record
	162	Health information to be kept in enrolment record

# Incident, Injury, Trauma and Illness

	168	Education and care service must have policies and procedures
QA	2.1.1	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation
	2.1.2	Effective illness and injury management and hygiene practices are promoted and implemented
	2.2.2	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
	7.1.2	Systems are in place to manage risk and enable the effective management and operation of a quality service

## Sources

- Education and Care Services National Regulations 2011
- Guide to the National Quality Framework 2018 (October 2018 Update): Section 4 – Operational Requirements

**Further reading and useful websites** *(Consistent with the approach of the National Quality Framework, the following references have prioritised efficacy and appropriateness to inform best practice, and legislative compliance over state or territory preferences.)*

- Safe Work Australia – <https://www.safeworkaustralia.gov.au/> accessed 30 December 2020
- Kidsafe – <http://www.kidsafe.com.au/> accessed 30 December 2020
- St John. *First Aid Facts*. <http://stjohn.org.au/first-aid-facts> accessed 30 December 2020
- The Royal Children's Hospital Melbourne – <http://www.rch.org.au/home/> accessed 30 December 2020
- ACECQA. (2019). *Key changes to notifications, incidents and complaints from 1 Oct 2017\**. <https://www.cecqa.gov.au/sites/default/files/2018-10/KeyChangesNotificationComplaints.pdf> accessed 30 December 2020
- ACECQA. (2019). *Reporting requirements about children*. <http://www.cecqa.gov.au/reporting-requirements-about-children> accessed 30 December 2020

## Policy review

The Service encourages staff and parents to be actively involved in the annual review of each of its policies and procedures. In addition, the Service will accommodate any new legislative changes as they occur and any issues identified as part the Service's commitment to quality improvement. The Service consults with relevant recognised authorities as part of the annual review to ensure the policy contents are consistent with current research and contemporary views on best practice.

## Version Control

Version	Date Reviewed	Approved By	Comments/Amendments	Next Review Date
1	8 January 2018	Dr Brenda Abbey (Author)	Updated to changed NQF requirements 1 February 2018. Service to modify policies to its specific needs.	
2	6 September 2019	Dr Brenda Abbey (Author)	Updated references.	
3	29 November 2020	Dr Brenda Abbey (Author)	Updated references.	
4	30 December 2020	Dr Brenda Abbey (Author)	Updated references.	
5	January 2021	Kylie Showman	Reviewed and Updated	January 2022

# Incident, Injury, Trauma and Illness

## Incident, injury, trauma and illness record

### Details of person completing this record

Name: ..... Position/role: .....  
Date and time record was made ...../...../..... Signature: .....

### Child details

Child's full name: .....

Date of birth: ...../...../..... Age: ..... Gender :  Male  Female

### Incident details

Incident date: ...../...../..... Time: ..... am/pm Location: .....

Name of witness: .....

Witness signature: ..... Date: ...../...../.....

General activity at the time of **incident/injury/trauma/illness**:

.....  
.....  
.....

Cause of **injury/trauma**:

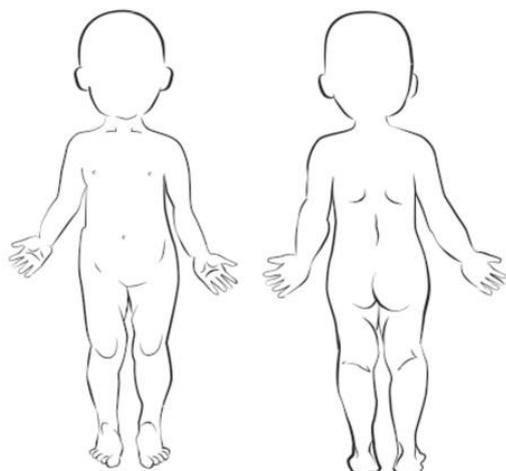
.....  
.....  
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Circumstances surrounding any **illness**, including apparent symptoms:

.....  
.....  
.....

**Nature of injury/trauma/illness:**

Indicate on diagram the part of body affected



- Abrasion / Scrape
- Allergic reaction (not anaphylaxis)
- Amputation
- Anaphylaxis
- Asthma / respiratory
- Bite wound
- Bruise
- Broken bone / fracture / dislocation
- Burn / sunburn
- Choking
- Concussion
- Crush / jam
- Cut / open wound
- Drowning (non-fatal)
- Electric shock
- Eye injury
- Infectious disease (incl gastrointestinal)
- High temperature
- Ingestion / inhalation / insertion
- Internal injury / Infection
- Poisoning
- Rash
- Respiratory
- Seizure /unconscious/ convulsion
- Sprain / swelling
- Stabbing / piercing
- Tooth
- Venomous bite/sting
- Other (please specify)

# Incident, Injury, Trauma and Illness

## Action Taken

Details of action taken (including first aid, administration of medication etc):

.....  
.....  
.....

Did emergency services attend?: Yes / No

Was medical attention sought from a registered practitioner / hospital?: Yes / No

If yes to either of the above, provide details:

.....  
.....  
.....

Have any steps been taken to prevent or minimise this type of incident in the future?:

.....  
.....  
.....

## Notifications (including attempted notifications)

Parent/guardian: ..... Time: ..... am/pm Date: ..... / ..... / .....

Director/educator/coordinator: ..... Time: ..... am/pm Date: ..... / ..... / .....

Other agency (if applicable): ..... Time: ..... am/pm Date: ..... / ..... / .....

Regulatory authority (if applicable): ..... Time: ..... am/pm Date: ..... / ..... / .....

## Parental acknowledgement:

I.....

(name of parent/guardian)

have been notified of my child's incident/injury/trauma/illness.

(Please circle)

Signature: ..... Date: ..... / ..... / .....

## Additional notes:

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