

	<p>Under the national legislation, each service must ensure that an entry is recorded in the <i>Incident, Injury, Trauma and Illness Record</i> for the following:</p> <ul style="list-style-type: none"> • an incident in relation to, or an injury received by a child, or trauma to which a child has been subjected • illness which becomes apparent <p>Details entered in the <i>Incident, Injury, Trauma and Illness Record</i> must include the following:</p> <ul style="list-style-type: none"> • the name and age of the child • the circumstances leading to the incident, injury or trauma, or relevant circumstances surrounding the child becoming ill (including any symptoms) • the time and date the incident occurred, the injury was received or the child 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 persons who witnessed the incident, injury or trauma, or the apparent onset of illness • the name of any person the service notified, or attempted to notify, of the 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 • the name and signature of the person making an entry in the record, and the time and date that the entry was made • the signature of a parent/guardian to verify that they have been informed of the occurrence <p>All information will be included in the <i>Incident, Injury, Trauma and Illness Record</i> as soon as is practicable, but not later than 24 hours after the incident, injury or trauma, or the onset of the illness.</p> <p>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 at the Early Years' Service. In some cases it will be appropriate to refer to specific policies for guidance, such as the <i>Early Years Policy – Managing medical conditions</i>.</p>
<p>Definitions:</p>	<p>DET: Department of Education and Training.</p> <p>Emergency services: includes ambulance, fire brigade, police and state emergency services.</p> <p>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: HTTPS://WWW.ACECQA.GOV.AU/QUALIFICATIONS/REQUIREMENTS/FIRST-AID-QUALIFICATIONS-TRAINING</p> <p>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.</p>

Incident: any unplanned event resulting in or having potential for injury, ill health, damage or other loss.

Incident, Injury, Trauma and Illness Record: contains details of any incident, injury, trauma or illness that occurs while the child is being educated and cared for by the service. The Approved Provider must ensure an *Injury, Trauma and Illness Record* is kept in accordance with *Regulation 87* of the *Education and Care Services National Regulations 2011* and kept for the period of time specified in *Regulation 183*. A sample is available on the ACECQA website: WWW.ACECQA.GOV.AU (search 'Sample forms and templates')

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 for anaphylaxis.

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

NQAITS: National Quality Agenda Information Technology System is an online tool that offers providers a secure and direct way of communicating with regulatory authorities aiming to reduce paperwork and duplication. - See more at: [HTTP://WWW.ACECQA.GOV.AU](http://WWW.ACECQA.GOV.AU)

Serious incident: **A SERIOUS INCIDENT (REGULATION 12) IS DEFINED AS ANY OF THE FOLLOWING**

- the death of a child while being educated and cared for at the service or following an incident at the service
- any incident involving serious injury or trauma while the child is being educated and cared for, which
 - a reasonable person would consider required urgent medical attention from a registered medical practitioner; or
 - the child attended or ought reasonably to have attended a hospital e.g. a broken limb*
- any incident involving serious illness of a child while that child is being educated and cared for by a service for which the child attended, or ought reasonably to have attended, a hospital e.g. severe asthma attack, seizure or anaphylaxis*.

***NOTE:** In some cases (for example rural and remote locations) a General Practitioner conducts consultation from the hospital site. Only treatment

	<p>related to serious injury or illness or trauma is required to be notified, not other health matters.</p> <ul style="list-style-type: none"> • any emergency^ for which emergency services attended. <p>^NOTE: This means an incident, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of a person/s at an education and care service. It does not mean an incident where emergency services attended as a precaution.</p> <ul style="list-style-type: none"> • a child appears to be missing or cannot be accounted for at the service • a child appears to have been taken or removed from the service in a manner that contravenes the National Regulations • a child was mistakenly locked in or out of the service premises or any part of the premises. <p>Examples of serious incidents include amputation (e.g. removal of fingers), anaphylactic reaction requiring hospitalisation, asthma requiring hospitalisation, broken bone/fractures, bronchiolitis, burns, diarrhoea requiring hospitalisation, epileptic seizures, head injuries, measles, meningococcal infection, sexual assault, witnessing violence or a frightening event.</p> <p>If the approved provider is not aware that the incident was serious until sometime after the incident, they must notify the Regulatory Authority within 24 hours of becoming aware that the incident was serious.</p> <p>Notifications of serious incidents should be made through the NQA IT System portal (HTTP://WWW.ACECQA.GOV.AU). If this is not practicable, the notification can be made initially in whatever way is best in the circumstances.</p> <p>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.</p>
<p>References:</p>	<ul style="list-style-type: none"> • ACECQA sample forms and templates: HTTPS://WWW.ACECQA.GOV.AU/RESOURCES/APPLICATIONS/SAMPLE-FORMS-AND-TEMPLATES • VMIA Insurance Guide, Community Service Organisations program: www.vmia.vic.gov.au • Building Code of Australia: HTTPS://WWW.ABCB.GOV.AU/CONNECT/CATEGORIES/NATIONAL-CONSTRUCTION-CODE • <i>Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition, 2013) National Health and Medical Research Council:</i> HTTPS://WWW.NHMRC.GOV.AU/ABOUT-US/PUBLICATIONS/STAYING-HEALTHY-PREVENTING-INFECTIOUS-DISEASES-EARLY-CHILDHOOD-EDUCATION-AND-CARE-SERVICES • WorkSafe Victoria: <i>Guide to Incident Notification:</i> HTTP://WWW.WORKSAFE.VIC.GOV.AU/FORMS-AND-PUBLICATIONS/FORMS-AND-PUBLICATIONS/GUIDE-TO-INCIDENT-NOTIFICATION • WorkSafe Victoria: <i>Online notification forms:</i> HTTP://WWW.WORKSAFE.VIC.GOV.AU/SAFETY-AND-

	<u><i>PREVENTION/HEALTH-AND-SAFETY-TOPICS/INCIDENT-NOTIFICATION</i></u>
Related Policies:	<p><i>Early Years Policy - Administration of First Aid</i></p> <p><i>Early Years Policy - Administration of medication</i></p> <p><i>Early Years Policy - Managing infectious diseases</i></p> <p><i>Early Years Policy - Managing medical conditions</i></p> <p><i>Early Years Policy - Anaphylaxis</i></p> <p><i>Early Years Policy - Asthma</i></p> <p><i>Early Years Policy - Diabetes</i></p> <p><i>Early Years Policy - Epilepsy</i></p> <p><i>Early Years Policy - Hygiene</i></p> <p><i>Early Years Policy - Emergency and evacuation</i></p> <p><i>Early Years Policy - Excursions and Service events</i></p> <p><i>Early Years Policy - Road safety and safe transport</i></p> <p><i>Occupational Health and Safety Policy</i></p> <p><i>Privacy Policy</i></p>
Related Legislation:	<p>Australian Standards AS3745–2002, Emergency control procedures for buildings, structures and workplaces</p> <p><i>Education and Care Services National Law Act 2010: Section 174(2)</i></p> <p><i>Education and Care Services National Regulations 2011: Regulations 77, 85–87, 103, 177, 183</i></p> <p><i>Public Health and Wellbeing Act 2008 (Vic)</i></p> <p><i>Public Health and Wellbeing Regulations 2009 (Vic)</i></p> <p><i>Occupational Health and Safety Act 2004 (Vic)</i></p> <p><i>Occupational Health and Safety Regulations 2007</i></p> <p>WorkSafe Victoria Compliance Code: First aid in the workplace (2008)</p> <p>National Quality Standard, Quality Area 2: Children’s Health and Safety</p> <p>Standard 2.1: Each child’s health is promoted</p> <p>Element 2.1.1: Each child’s health needs are supported</p> <p>Element 2.1.3: Effective hygiene practices are promoted and implemented</p> <p>Element 2.1.4: Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines</p> <p>National Quality Standard, Quality Area 3: Physical Environment</p> <p>Standard 3.1: The design and location of the premises is appropriate for the operation of a service</p> <p>Element 3.1.2: Premises, furniture and equipment are safe, clean and well maintained</p> <p>National Quality Standard, Quality Area 7: Leadership and Service Management</p> <p>Standard 7.3: Administrative systems enable the effective management of a quality service</p> <p>Element 7.3.1: Records and information are stored appropriately to ensure confidentiality, are available from the service and are maintained in accordance with legislative requirements</p> <p>Element 7.3.2: Administrative systems are established and maintained to ensure effective operation of the service</p> <p><i>Therapeutic Goods Act 1989 (Cth)</i></p>

INCIDENT, INJURY, TRAUMA AND ILLNESS POLICY

Mandatory – Quality Area 2

SCOPE

This policy applies to staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Macedon Ranges Shire Council's Early Years Services, including during offsite excursions and activities.

RESPONSIBILITIES

The Approved Provider and Persons with Management or Control are responsible for:

- ensuring premises are kept clean and in good repair
- ensuring staff have access to medication, incident, injury, trauma and illness forms (Refer to Attachment 2: Incident, Injury, Trauma and Illness Record and WorkSafe Victoria incident report forms - refer to *References*)
- ensuring the Service has an *Occupational Health and Safety Policy* which outlines the process for effectively identifying, managing and reviewing risks and hazards likely to cause injury, and reporting notifiable incidents to appropriate authorities (refer to *Occupational Health and Safety Policy*)
- ensuring completed medication records are kept until the end of 3 years after the child's last attendance (*Regulation 92, 183*)
- ensuring 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 incident, injury, trauma and illness records¹ are kept and stored securely until the child is 25 years old (*Regulations 87, 183*)
- ensuring there is a minimum of one educator with a current approved first aid qualification on the premises at all times (refer to *Early Years Policy - Administration of First Aid*)
- ensuring there are appropriate numbers of fully equipped first aid kits with current contents, accessible at all times (refer to *Early Years Policy - Administration of First Aid*)
- ensuring 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 enrolment forms provide authorisation for the Service to seek emergency medical treatment by a medical practitioner, hospital or ambulance service
- ensuring an incident report (SI01) is completed for DET using the NQAITS as soon as is practicable, but not later than 24 hours after the occurrence

The Nominated Supervisor and Persons in Day-to-Day Charge are responsible for:

- ensuring 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 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 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 MRSC, the Approved Provider with regular hazard inspections (refer to Attachment 1 – Sample hazard identification checklist)
- 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 *Early Years Policy - Hygiene*
- 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 the following contact numbers are displayed in close proximity of each telephone:
 - 000
 - DET regional office
 - Person of Management or Control
 - Asthma Victoria: (03) 9326 7055 or toll free 1800 645 130
 - Victorian Poisons Information Centre: 13 11 26

When there is a medical emergency, educators will:

- call an ambulance, where necessary
- administer first aid, and provide care and comfort to the child prior to the parents/guardians or ambulance arriving
- 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 staff-to-child ratios can be maintained at the Service
- notify the Approved Provider, the Coordinator Early Years Services of the medical emergency, incident or injury as soon as is practicable
- complete and submit an incident report via the online portal (NQAITS) to DET, the Approved Provider being MRSC, and the Service's public liability insurer following a serious incident

When a child develops symptoms of illness while at the service, educators will:

- ensure 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 the child is collected from the Service if the child is not well enough to participate in the program
- ensure 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 where medication, medical or dental treatment is obtained, 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 MRSC as the Approved Provider, is notified of the incident
- ensure 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 when an ambulance service is called to attend 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 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 which has been identified while the child has not attended the Service, which 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/educators 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, we 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: Sample hazard identification checklist

Attachment 2: Incident, Injury, Trauma and Illness Record (ACECQA)

ATTACHMENT 1

Sample hazard identification checklist

Service: _____

Date: _____

Inspected by: _____

Hazard	Yes	No	Comments
1. Floors			
Surface is even and in good repair			
Surface is free from tripping and slipping hazards (e.g. oil, water, sand)			
Surface is safe (e.g. not likely to become excessively slippery when wet)			
2. Kitchen and work benches			
Work bench space is adequate and at comfortable working height			
Kitchen and work bench space is clean and free of clutter			
Equipment not in use is properly stored			
Lighting is satisfactory			
A door or gate restricts child access to the kitchen			
Ventilation fan is in good working order			
Kitchen appliances are clean and in good working order			
3. Emergency evacuation			
Staff have knowledge of fire drills and emergency evacuation procedures			
Fire drill instructions are displayed prominently in the service			
Regular fire drills are conducted			
Extinguishers are in place, recently serviced and clearly marked for type of fire			
Exit signs are posted and clear of obstructions			
Exit doors are easily opened from inside			
4. Security and lighting			
Security lighting is installed in the building and car park			
There is good natural lighting			
There is no direct or reflected glare			
Light fittings are clean and in good repair			

Emergency lighting is readily available and operable (e.g. torch)			
5. Windows			
Windows are clean, admitting plenty of daylight			
Windows have no broken panes			
6. Steps and landings			
All surfaces are safe			
There is adequate protective railing which is in good condition			
7. Ladders and steps			
Ladders and steps are stored in a proper place			
Ladders and steps are free of defects (e.g. broken or missing rungs etc.)			
They conform to Australian Standards			
They are used appropriately to access equipment stored above shoulder height			
8. Chemicals and hazardous substances			
All chemicals are clearly labelled			
All chemicals are stored in locked cupboard			
Material Safety Data Sheets (MSDS) are provided for all hazardous substances			
9. Storage (internal and external)			
Storage is designed to minimise lifting problems			
Materials are stored securely			
Shelves are free of dust and rubbish			
Floors are clear of rubbish or obstacles			
Dangerous material or equipment is stored out of reach of children			
10. Manual handling and ergonomics			
Trolleys or other devices are used to move heavy objects			
Heavy equipment (such as planks and trestles) is stored in a way that enables it to be lifted safely			
Adult-sized chairs are provided and used for staff (to avoid sitting on children's chairs)			
Workstations are set up with the chair at the correct height			

Workstations are set up with phone, mouse and documents within easy reach and screen adjusted properly			
Work practices avoid the need to sit or stand for long periods at a time			
11. Electrical			
There are guards around heaters			
Equipment not in use is properly stored			
Electrical equipment has been checked and tagged			
Use of extension leads, double adaptors and power boards are kept to a minimum			
Plugs, sockets or switches are in good repair			
Leads are free of defects and fraying			
Floors are free from temporary leads			
There are power outlet covers in place			
12. Internal environment			
Hand-washing facilities and toilets are clean and in good repair			
There is adequate ventilation around photocopiers and printers			
13. First aid and infection control			
Staff have current approved first aid qualifications and training			
First aid cabinet is clearly marked and accessible only to staff			
Cabinet is fully stocked and meets Australian Standards (refer to <i>Administration of First Aid Policy</i>)			
Disposable gloves are provided			
Infection control procedures are in place			
Current emergency telephone numbers are displayed			
14. External areas			
Fencing is secure, non scaleable and of a height prescribed by the Building Code of Australia (no breaches in the fence or materials left adjacent that would assist children to scale the fence)			
Child-proof locks are fitted to gates			
Paving and paths have an even surface and are in good repair			
Paving and path surfaces are free of slipping hazards, such as sand			

Soft-fall and grass areas are free of hazards			
Equipment and materials used are in good repair and free of hazards			
15. Equipment			
Furniture and play equipment are in good repair (no protruding bolts, nails, splinters)			
Impact-absorbing material is placed under all equipment where fall height could exceed 0.5 metres			
Guardrails are provided for play equipment over 1 metre			
16. Sun protection			
There is an adequate supply of SPF 30+ broad spectrum, water-resistant sunscreen provided for use by children and staff			
Staff have Sunhats and are required to wear them when they work in the sun			
There is a <i>Sun Protection Policy</i> in place, which requires staff and children, and others who work in the sun to use sunscreen and an appropriate sunhat			

If any box is marked with a "No", it is deemed to be unsatisfactory and must be followed up using an appropriate risk assessment and control checklist.

ATTACHMENT 2
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**:

.....
.....

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

.....
.....

Circumstances if child appeared to be **missing** or otherwise unaccounted for (incl duration, who found child etc):

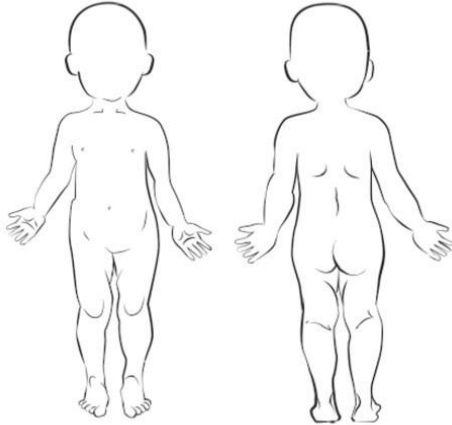
.....
.....
.....

Circumstances if child appeared to have been **taken or removed** from service or was **locked in/out** of service (incl who took the child, duration):

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

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)

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:

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