



Management of Incidents, Injury, Illness & Trauma

POLICY STATEMENT

Lake Mac Newy OOSH aims to ensure the safety and well-being of educators, children and visitors, within the service and on excursions, through proper care and attention in the event of an incident, injury, illness or trauma. In all decisions and actions relating to incidents, injury, illness, trauma, medical treatment, emergency response and post-incident review, the safety, well-being, and best interests of the child will be the paramount consideration. Where there is any conflict between operational convenience, staffing, family preference or service routines, the child's immediate safety and wellbeing will take priority.

The service will endeavour to prevent incidents, injury, illness and trauma through best practice, implementation of service policies and procedures, adherence to State and National Laws, and ongoing risk assessment. The service recognises that incidents may arise from unsafe practices, environmental risks, or inappropriate behaviour, and is committed to proactively identifying and minimising risks to children, including risks of harm, abuse or neglect.

Should any of these occur despite prevention methods, the service will make every attempt to ensure sound management of the event to prevent any worsening of the situation and complete appropriate documentation and reports relating to the event that will be signed by the family of the child involved.

Family members or emergency contacts will be informed immediately where the incident, injury, illness or trauma is deemed serious, and the incident reported to the NSW Regulatory Authority as per the National Law and Regulations.

PROCEDURE

Enrolment Information

- Families are required to provide written consent for educators to seek medical attention for their child as part of the enrolment process. This consent will be recorded in the enrolment information. Families are also required to ensure the service has accurate and detailed information regarding anything that may impact on their health, safety and well-being while attending the service.
- Families will be required to supply details of their preferred doctor, health fund and Medicare details.
- Families and educators will be required to supply two Emergency Contacts numbers in case of an emergency or accident.



Incident, injury or trauma to a child while in the service

- If a child, educator or visitor has an incident requiring First Aid while at the centre, an Educator who holds a current approved First Aid qualification will attend to the individual immediately.
- If a child, educator or visitor becomes ill or injured while at the service, an educator who holds a current approved first-aid qualification will attend to the individual immediately.
- Anyone injured will be kept under adult supervision until they recover, or an authorised person takes charge of them.
- Supervision practices during and after incidents will prioritise the prevention of further harm and ensure children are protected from unsafe situations, including inappropriate interactions or environments.
- In the case of a major incident, injury, illness or trauma at the service requiring **more than basic first aid**, the first aid attendant will:
 - 1) Will maintain professional boundaries and appropriate conduct at all times when responding to incidents, ensuring that care is provided in a safe, respectful and child-focused manner.
 - 2) Ensure the safety of themselves and others- DRSABCD (Danger, Response, Send for Help, Airway Breathing, CPR, Defibrillation)
 - 3) Assess the injury and decide whether the injured person needs to be attended to by a doctor or an ambulance called. The educator in charge or Responsible Person will be advised of their decision.
 - 4) If the injury is serious, the first priority is to get immediate medical attention. Families or emergency contacts should be notified straight away where possible. If not possible, there should be no delay in organising proper medical treatment.
 - 5) Attend to the injured person and apply first aid as required.
 - 6) Educators will ensure that disposable gloves are used with any contact with blood or bodily fluids as per the infectious disease policy.
 - 7) Educators will stay with the child until suitable help arrives, or further treatment taken place.
 - 8) The educators will try to make the child comfortable and reassure them and advise them that their families have been called.
 - 9) Each child's enrolment records include authorisations by a parent or person named in the record for the approved provider, nominated supervisor or educator to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and if required, transportation by an ambulance service.
 - 10) If an ambulance is required and the child is taken to hospital, an educator will accompany the child and take the child's medical records with them (This may be different where the service is single staff model and then other arrangements will be made)



- 11) Complete a service incident report and provide to families to read and sign and a serious incident report for the regulatory authority within 24 hours or as soon as possible. Incident, injury, illness and trauma records will be completed in accordance with Regulation 87 requirements.

Another educator will:

- 1) If the injury is serious, the priority is to get immediate medical attention. Families or emergency contacts should be notified straight away where possible. If not possible, there should be no delay in organising proper medical treatment.
- 2) Notify family or emergency contact person as soon as possible regarding what happened and the action that is being taken including clear directions of where the child is being taken (e.g. hospital). Every effort must be made not to cause panic and to provide sensitive detail regarding the extent of the injuries
- 3) Ensure that all blood or bodily fluids are cleaned up safely.
- 4) Ensure that anyone who has come in contact with any blood or fluids washes their hands in warm soapy water.
- 5) Try to reassure the other children and keep them calm, keeping them informed about what is happening, and away from the injured child.
- 6) Where appropriate, children will be supported to express their feelings, views and understanding of the incident, and educators will listen and respond in a way that supports the child's sense of safety and wellbeing.
- 7) If an incident, injury or trauma raises concerns about a child's safety, well-being, or possible harm, educators will follow the Child Protection Policy, including mandatory reporting obligations. and internal escalation procedures. All concerns relating to a child's safety or wellbeing will be escalated to the Responsible Person and Nominated Supervisor immediately. Where required, reports will be made to the NSW Regulatory Authority and/or Department of Communities and Justice (DCJ) in line with legislative requirements.
- 8) Accidents which result in a serious incident, injury, illness and trauma to a child must be reported to:
 - The Family or emergency contact person
 - Regulatory Authority: Other life-threatening, traumatic injuries or the death of a child must be reported to the;
 - ✓ The ambulance services
 - ✓ The police
- 9) The centre will notify the family or emergency contact person that a serious incident has happened and advise them to contact the relevant medical agency. Only a qualified medical practitioner can declare a person is deceased, educators should ensure the parents are only advised that the injury is serious and refer them to the medical agency (i.e. hospital) where the child has been taken.
- 10) This information should be provided in a calm and extremely sensitive manner.



- 11) The site of the accident should not be cleared or any blood or fluids cleaned up until after approval from the Police.
- 12) All other children should be removed away from the scene and if necessary parents contacted for early collection of children. The children should be reassured and notified only that a serious incident has occurred.

Emergency Response Procedures

Follow instructions as per the child's ASCIA Action Plans for children who are known to have asthma or allergies including anaphylaxis.

- Administer adrenaline autoinjector or reliever inhaler medication (Ventolin) as instructed
- Contact an ambulance **immediately** for any incident involving anaphylaxis.
- Contact an ambulance **immediately** for asthma emergencies if the child cannot breathe normally after following their Action Plan for asthma and receiving reliever inhaler medication or if their breathing becomes worse.

Head Injuries

With any head injury, a parent/guardian must be contacted as soon as practical. The child must be closely observed until the parent or guardian collects the child from the educator. If the child's symptoms or responses deteriorate, follow appropriate first aid measures and or call an ambulance.

- if the child has suffered a head injury and is unconscious, they should not be moved unless there is immediate danger.
 - Call for an Ambulance immediately.
 - Monitor the airway and breathing until the arrival of an ambulance.
 - If breathing stops or they have no pulse, begin CPR immediately.

Death or Serious Injury to a child or educator out of hours

- Educators in the service must be prepared to handle all incidents professionally and sensitively. In the event of tragic circumstances such as the death of a child or educator, the educators will follow guidelines as set out below to minimise trauma to the remaining educators and children in the service.
- In the event of the death occurring out of service hours, a clear emergency procedure will be maintained for the other children at the service.
- If a child is deceased, the Coordinator/Responsible Person should contact the child's school to liaise with them regarding the school's response to the event.
- Confidentiality will be maintained at all times.



- The Nominated Supervisor/Responsible Person should also contact the NSW Regulatory Authority as soon as possible and within 24 hours to report the incident. The school and if a current member of Network of Community Activities should be contacted to seek additional support, resources or advice.

Reporting of Serious Incident, Injury and Trauma

- All serious incidents, injury, illness or trauma will be recorded within 24 hours of the event occurring. The child's family or emergency contact must be notified of any accident or injury that has occurred to the child as soon as possible and no later than 24 hours after the event.
- The Nominated Supervisor is responsible for ensuring that, in the event of a serious incident, the Regulatory authority is advised as well as the Approved Provider/Responsible Person and the School Principal.
- It may not be until sometime after the incident that it becomes apparent that an incident was serious. If that occurs, the Nominated Supervisor/ Responsible Person must notify the regulatory authority within 24 hours of becoming aware that the incident was serious.

Notification of a Serious Incident can be submitted via the NQAITS portal.

How to decide if an incident, injury, illness or trauma is a 'serious incident'?

- A serious incident is defined under Regulation 12 of the Education and Care Services National Regulations and includes, but is not limited to:
 - a) The death of a child while being educated and cared for by the service or following an incident at the service
 - b) Any incident involving serious injury, trauma or illness requiring urgent medical attention or hospitalisation
 - c) Any incident where emergency services attended
 - d) A child appearing to be missing, unaccounted for, removed or taken from the service premises without authorisation
 - e) A child mistakenly locked in or out of the service premises
- An incident, injury, trauma or illness will be regarded by the service as a 'serious incident' if more than basic first aid was needed to manage the incident, injury, trauma or illness, and medical attention was sought for the child, including attendance at a hospital or medical facility for further treatment.

Post-Incident Review and Risk Minimisation

Following any incident, injury, illness or trauma, the service will:

- Review the circumstances of the incident to identify contributing factors



- Update risk assessments and supervision plans where required
- Implement strategies to minimise the risk of recurrence
- Communicate any relevant changes to educators and staff
- Where appropriate, inform families of changes to practices that improve safety
- Consider whether the incident involved or indicated any child safety or safeguarding concerns, and implement additional controls where required.

The Approved Provider or Nominated Supervisor will ensure continuous improvement practices are embedded following incidents. The review will consider whether the incident raises any child protection, supervision, environmental, medical, behavioural or staffing concerns. Where required, the service will update procedures, risk assessments, supervision arrangements or individual child support plans to ensure children's safety remains the paramount consideration.

Illness

- Families are advised upon enrolment and in regular reminders not to bring sick children to the service and to arrange prompt collection of unwell children. The care needs of a sick child are difficult to meet without dramatically reducing the general level of supervision of the other children or risking another child's health.
- Where a child becomes ill at the service, all care and consideration will be given to comfort the child and minimise the risk of cross-infection to other children, educators, toys and equipment until the family/emergency contact collects the child. This includes a cold or illness such as a discharge coming from a child's nose and coughing. Management will assess each individual case prior to sending the child home.
- A child or an adult is considered "sick" if he/she:
 - Sleeps at unusual times or is lethargic.
 - Has a fever over 38 degrees.
 - Is constantly crying from discomfort.
 - Vomits or has diarrhoea.
 - Requires constant one to one care.
 - Has symptoms of an infectious disease.
- If a child is unwell at home, the family is not permitted to bring the child to the service. Children who appear unwell when being signed in by their parent/ guardian will not be permitted to remain at the service.
- If a child becomes ill while at the service, the guardians will be contacted to take the child home. Where the family is unavailable, emergency contacts will be called to ensure the child is collected from the service promptly.
- The child who is ill will be comforted, cared for and placed in a quiet, isolated area with adult supervision until the child's family or other authorised adult takes them home.



- During a fever, natural methods will be employed to bring the child's temperature down until the family or medical attention arrives. Such methods include removing clothing as required mindful of cultural beliefs, clear fluids are given or tepid sponges administered.
- If requested by a parent or emergency contact person and written parental permission to administer an age/weight appropriate dose of a fever reducing agent is recorded in the child's individual enrolment form, staff may administer for eg. children's paracetamol in an attempt to bring the temperature down. However, a parent or emergency contact person, must still collect the child from the OSHC Service
- Before giving any medication to children, the medical history of the child must be checked for possible allergies
- The child's temperature, time, medication, dosage, and the staff member's name will be recorded in the *Incident, Injury, Trauma and Illness Record*. Parents will be requested to sign and acknowledge the *Administration of Medication Form* or *Administration of Paracetamol Record* when collecting their child.
- If a child's temperature is very high, cannot be brought down and their family cannot be contacted, If the situation becomes serious, the child will be taken to the doctor or an ambulance called.
- If a staff member becomes ill or develops symptoms at the centre, they can return home if able or the Coordinator will organise for someone to take them home.
- Any staff injury or illness occurring at the service will be managed in accordance with Work Health and Safety requirements, including reporting, documentation and notification where required.
- The Coordinator will organise a suitable staff replacement as soon as possible.

CONSIDERATIONS

Education and Care Services National Law & Regulations	National Quality Standards & Elements	Other Service policies/documentation	Other
S167, 174 R12, 77, 81, 85, 86, 87, 88, 89, 90, 91, 97, 98, 99, 109, 161, 162, 175, 176, 177	Standards 2.1, 2.2, 3.1, 7.1 Elements 2.1.1, 2.1.2, 2.2.1, 2.2.2, 2.2.3, 3.1.2, 7.1.2 Child Safe Standards 1, 2, 3, 4, 5, 7, 10	- Acceptance and Refusal of Authorisations Policy - Enrolment and Orientation Policy - Medical Conditions and Administration of Medication Policy - Providing a Child Safe Environment Policy - Administration of First Aid Policy - Risk Assessment Policy - Governance and Management Policy - Child Protection Policy - Dealing with Infectious Diseases Policy - Emergency and Evacuation Policy - Child Safe Environment Policy - Supervision Policy - Interactions with Children Policy - Safe Technologies / Digital Devices and Social Media Policy	- Work, Health and Safety Act 2011 - ACECQA "Frequently Asked Questions" - ACECQA Incident, Injury, Trauma and Illness Record Guidance - NSW Department of Health guidelines - Disability Discrimination Act 1975 - NSW Anti-discrimination Act 1977 - Staying Healthy in Child Care (5th Edition) - Parent Handbook - Staff Handbook - Enrolment records - Emergency procedures - Incident Report forms - Medication Records - Risk Assessments - Supervision Plans - Safety Checklists

ENDORSEMENT BY THE SERVICE

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