

## 4.5 Incidents, Illness, Injury, and Trauma

### Policy Statement

The purpose of this policy is to ensure the health, safety, and welfare of all children, staff, and visitors at the service. The policy outlines the procedures for managing incidents, illnesses, injuries, and trauma events effectively and swiftly to ensure the wellbeing of all individuals involved. Notwithstanding the service's efforts to proactively prevent injuries or trauma occurring at the service, where it occurs, the service will take action to minimise the impact of injuries, illnesses, and trauma.

The Nominated Supervisor will typically lead the response to any significant events, in their absence the Responsible Person will take charge. All appropriately qualified educators will support in the initial response to any incidents occurring at the service. All other educators will provide support within their training and capacity, raising the alarm for additional help.

The service recognises that parents must be informed of all significant and serious matters impacting their children. Records that are created to document incidents and events will be accurate and concise. These documents and all relevant information will be provided to parents in a timely manner.

#### Definition of Serious Incident

The service acknowledges their particular duties when responding to **serious incidents** (as defined in Regulation 12). This includes the following instances—

- ❖ Death of a child while the child was educated and cared for by the service or following an incident occurred while the child was at the 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.
  - for which the child attended, or ought reasonably to have attended, a hospital. E.g. a broken limb.
  - any incident involving serious illness of a child occurring while that child was at the service for which the child attended, or ought reasonably to have attended, a hospital. E.g. severe asthma attack, seizure or anaphylaxis reaction.
- ❖ Any emergency for which emergency services attended - 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 the service (it does not mean an incident where emergency services attended as a precaution).
- ❖ Any circumstance where a child being educated and cared for by the service—
  - appears to be missing or cannot be accounted for.
  - appears to have been taken or removed from the service's premises in a manner that contravenes the Regulations.
  - is mistakenly locked in or locked out of the service's premises or any part of the premises.

In addition to ensuring a suitable response to managing critical events, the service has a duty to notify any **serious incidents** to parents and the Regulatory Authority. The service will follow the procedures outlined in the policy [Managing Notifications](#) for reporting serious incidents.

## Key Tasks and Responsibilities

Planning Procedures	The Approved Provider will coordinate with the Nominated Supervisor to ensure appropriate plans and resources are established to respond to relevant incidents. This includes induction practices to ensure educators are aware of responsibilities.
Leading Response	The Nominated Supervisor or Responsible Person will take charge in leading the response and management of incidents. They are supported by educators, especially first aid qualified, in caring for children and calling for emergency services.
Documenting Incidents	The person taking the primary role in managing the incident will be responsible for writing the incident report. However, they may be supported by educators who were witness to the events.
Notifications	The Nominated Supervisor or Responsible Person will communicate the incident with parents, and if needed, the Regulatory Authority and Approved Provider.

## Procedures

### Managing and Responding to Critical Events

The Nominated Supervisor (or Responsible Person) will lead the response to any critical events to ensure the safety and wellbeing of children attending the service. The management of emergency or critical situations will adopt the following principles:

- ❖ Staff providing comfort and reassurance to the child.
- ❖ Actively seeking the assistance of a first aid qualified educator.
- ❖ All first aid qualified educators administering care within the bounds of their training.
- ❖ Ensure all other children are appropriately supervised, actioning an emergency evacuation or lock-down, if required.
- ❖ Uphold the dignity and comfort of children, removing them to quiet or private areas of the service (as needed).
- ❖ Providing timely information and notification to parents/guardians as so far as practicable.
- ❖ Ensure the child(ren) is/are actively monitored and supervised with the intention to escalate the response, if needed (i.e. additional emergency support).

## Injury Responses and Management (i.e. First Aid and Medical Support)

The first steps in responding to a child's physical injury or illness will be first aid. Qualified educators will respond with immediate treatment as outlined by their training. Notification to the Nominated Supervisor (via walkie-talkie etc.) will occur as soon as practicable.

As a guide the following steps will be taken, as necessary:

1. Staff will address any immediate dangers or hazards (to ensure no further injury/harm occurs).
2. Staff will address any life-threatening circumstances as a priority, communicating the need for support. A call to emergency services (000) should occur immediately if the situation is critical or serious.
3. Once and if in a stable condition, staff will seek to comfort and calm the child.
4. The Nominated Supervisor (or Responsible Person) will be notified as soon as practicable.
5. If possible, the parents will be contacted by the Nominated Supervisor or delegated educator to advise of events, seek any emergency authorisations and/or coordinate a plan of action.
6. Dependent on authorisations and circumstances, the following may occur:
  - Medication administered.
  - Transportation to hospital.
  - Parents collect the child for medical treatment.
  - Relevant treatment outlined in medical action plan or guided by training or emergency services.
7. As soon as practicably possible, the parent will be called by an available educator to notify of the injury and action taken to manage the circumstances, where appropriate.
8. The child's condition will continued to be monitored by a qualified educator, any changes to the health or condition of the child will be suitably escalated.
9. The child will continue to be monitored until appropriate medical care has arrived or until the parent's arrival (i.e. child's departure).

Actions for managing the response to an anaphylaxis, asthma or diabetic emergency can be found in [Medical Conditions in Children](#).

Once the circumstances have stabilised, the educator providing care will be documenting the events.

## Illness Response and Management

Where a child presents or has been identified as suffering from an illness, the following actions will be taken:

1. Staff are to address any immediate hazards (containing soiled/contaminated areas etc.) and notify the Responsible Person or Nominated Supervisor as soon as reasonably practicable.

2. Staff should attend to the child's needs and apply (or call for) first aid treatment, if relevant.
3. Where a child's illness relates to a medical condition, the relevant Medical Management Plan must be followed.
4. The child will be cared for in the OSHC office or other suitable space. Management actions should be consistent with the Infection Disease policy and limit the potential exposure to infection.
5. The Responsible Person/Nominated Supervisor will assess the child's illness and contact the parent (or where unavailable, emergency contacts) to discuss a plan for the immediate care and collection.
6. While waiting to be collected the child will be suitably comforted and monitored for change in symptoms or escalation of emergency response.
7. Where a child's illness is significant the Responsible Person/Nominated Supervisor will call 000 for an ambulance or relevant alternative medical treatment.
8. Where possible the details of the illness will be noted to support the completion of illness records.

Once the circumstances have stabilised, the educator providing care will be documenting the events.

### Trauma Response and Management

Signs of trauma could include but are not limited to:

- Emotional distress or disassociation.
- Sudden or significant changes in behaviour.
- Physical injury.
- Aggression or avoidance.

Where a child/ren experiences a traumatic event while being educated and cared for the following steps will be taken:

1. Staff will seek to manage the immediate situation, addressing any presenting hazards.
2. Children will be offered emotional support and comfort suitable to the nature of the situation, with staff engaging in actively listening and emotional validation.
3. The Responsible Person/Nominated Supervisor will be informed of the details as soon as reasonably practicable.
4. Staff should attend to any presenting immediate needs, including the awareness of child protection actions (see [Child Protection and Mandatory Reporting](#) or [Managing Concerns of Harmful Sexual Behaviours](#))
5. Depending on the circumstances, the child may be invited to a quiet area, such as the OSHC office, while escalation or immediate support is occurring.
6. The parents of the child will be called to be notified as soon as reasonably practicable. Should they be uncontactable, consideration will be given the appropriateness of calling emergency contacts.

7. The Responsible Person/Nominated supervisor will be responsible for coordinating a suitable response, where relevant addition or emergency services response may be applicable and called upon.

Once the circumstances have stabilised, the educator providing care will be documenting the events – see steps under Documenting an Incident, Illness, Injury or Trauma Event.

### Treating Suspected Concussion

Where an incident occurs and there is suspicion of concussion, once the situation is stable, the parent/caregiver will be called to collect the child. The child will be closely monitored, should there be an escalation or symptoms, an ambulance will be called.

### A Child Missing or Unaccounted For

See [Safe Arrivals and Departures of Children](#)

### A Child Mistakenly Locked In or Out of The Service

In an instance where a child has been mistakenly locked in or out of the service, staff should look to immediately address the situation by opening the locked area. Staff should then:

1. Support the child's immediate wellbeing to ensure they are emotionally supported by the incident.
2. As soon as practicable, the Nominated Supervisor (or Responsible Person), should notify the parent of the event.
3. An incident report will be completed by the staff member initially responding, with support of the Nominated Supervisor.
4. The details of the incident will be reported to the Approved Provider as soon as practicable.
5. The Nominated Supervisor and Approved Provider will coordinate the preparation and submission of the notification, following the steps outlined in [Managing Notifications](#).
6. Following the submission of the notification, the Approved Provider will coordinate an appropriate investigation into the circumstances of the incident, outlining steps of improvement to mitigate future occurrences.
7. The Approved Provider and Nominated Supervisor will collaborate any necessary additional response as determined by the Regulatory Authority.

### Death of a Child

Should the death of a child occur while being cared for or as the result of an incident while being care for, then staff members should:

1. Immediately call emergency services.
2. Evacuate children to the appropriate area (evacuation or lockdown, depending on circumstance).
3. As soon as practicable, the Nominated Supervisor (or Responsible Person), should notify the parent of the event.

Becoming aware a child has died as the result of an incident while being care for by the service:

4. An incident report will be completed by the staff member initially responding and any witnesses, with support of the Nominated Supervisor.
5. The details of the incident will be immediately reported to the Approved Provider.
6. The Approved Provider will lead the coordination of reporting, including correspondence with the Regulatory Authority, parents, police and Work Health Safety Queensland.
8. The Nominated Supervisor and Approved Provider will coordinate the preparation and submission of the notification, following the steps set out in [Managing Notifications](#)

#### Other Circumstances and Actions

1. Where circumstances arise that do not have specific procedures set out to follow, educators must use professional judgement to actively protect the safety and wellbeing of children as a first priority.
2. Possible actions may include:
  - a. Emergency evacuation procedures
  - b. Lock-down/harassment procedures
  - c. Notifying emergency services (police etc.)
3. Following the incident/events being controlled, educators then need to notify the Approved Provider.
4. Should the circumstance present as a risk to health and safety, notification to the Regulatory Authority will be required as set out in [Managing Notifications](#)

#### Parent Notification

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Parents must be notified of any illness, injury or trauma which occurs while a child is being educated and cared for by the service. Depending on the circumstance, including the significance of the incident, urgency, and any practical limitation, the notification can be via—

- A phone call,
- In-person (when collecting the child), or
- Via a copy of the Incident, Injury, Illness, or Trauma Report.

Regardless of the method of communication, a parent must be notified as soon as practicable, but not later than 24 hours after the occurrence. The details of this notification are recorded in the Incident, Injury, Illness, or Trauma Report.

To promote transparency, standard practice is to provide a copy of the Incident, Injury, Illness, or Trauma Report, which contains the ability to record the parent's receipt of the information by way of signing the record. Parents can request and access copies of their children's Incident, Injury, Illness, or Trauma Reports when requested.

Notwithstanding notification requirements, subject to procedures set out in [Privacy and Confidentiality of Records](#), personal details that do not relate to the parent's child contained

within an [Incident, Injury, Illness, or Trauma Report](#) may be redacted where there is not written authorisation to disclose this information.

## Documenting an Incident, Illness, Injury or Trauma Event

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An [Incident, Injury, Illness, or Trauma Report](#) must be completed, as soon as reasonably possible after a child is involved in any incident, suffers an injury, illness or trauma, but at least within 24 hours. Unless circumstances are unique, records will be documented on the standardised template.

Typically, the person who took the primary lead in managing the incident will be responsible for writing the record. Where this isn't achievable the Nominated Supervisor or Responsible Person will source the person with most direct observation of the incident to complete the record. It is the responsibility of the Nominated Supervisor or the Responsible Person in charge of the session of care to ensure the full record has been completed within the timeframe required.

### Report Content

The incident, injury, trauma and illness record must include the following (National Regulation 87) —

- ❖ Details of the incident/event, including—
  - The name and age of the child.
  - The circumstances leading to the incident, injury or trauma.
  - The time and date the incident occurred, the injury was received, or the child was subjected to the trauma.
- ❖ Details of any illness which becomes apparent while the child is being educated and cared for including—
  - The name and age of the child.
  - The relevant circumstances surrounding the child becoming ill and any apparent symptoms.
  - The time and date of the apparent onset of the illness
- ❖ Details of the action taken by the service, including—
  - Any medication administered or first aid provided.
  - Any medical personnel contacted.
- ❖ Details of any person who witnessed the incident, injury or trauma.
- ❖ The name of any person whom the service notified (or attempted to notify), and the time and date of the notifications or attempted notifications.
- ❖ The name and signature of the person writing the record, and the time and date report was created.

## Confidentiality

All [Incident, Injury, Illness, or Trauma Records](#) will be stored securely as set out in [Privacy and Confidentiality of Records](#). Disclosure of private information contained within an Incident, Injury, Illness, or Trauma Record will only occur as permitted by legislation, including Regulation 177 and the corresponding written authorisation.

## Regulatory Notification – Serious Incidents

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Where the circumstances surrounding the incident meet the requirements for regulatory reporting, steps contain in [Managing Notifications](#) will be followed.

## Training and Instruction

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Induction material and processes will ensure all educators and volunteers are trained around the requirements and expectations for responding to incidents. This is complemented by ongoing training and debriefing of incident management procedures. All persons with responsibilities to care for children must be able to demonstrate how they will—

- alert service leaders of an incident in a timely manner,
- provide care for children during an incident, and
- their role in supporting the service to meet relevant reporting requirements.

## Quality Improvement

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Following any significant event, the Nominated Supervisor will debrief the events with educators, identifying any area of learning or improvement. The actions identified will be reported to the Approved Provider, who will ensure appropriate action is taken.

## Legal and Regulatory Foundation

In preparing and implementing this policy, the Approved Provider recognises the obligations and requirements related to –

### National Quality Framework

- **Education and Care Services National Law:**
  - s.167 Offence relating to protection of children from harm and hazards
  - s.173 Offence to fail to notify certain circumstances to Regulatory Authority
  - s.175 Offence relating to requirement to keep enrolment and other documents
- **Education and Care Services National Regulations:**
  - R.12 Meaning of serious incident
  - R.85 Incident, injury, trauma and illness policies and procedures
  - R.86 Notification to parents of incident, injury, trauma and illness
  - R.87 Incident, injury, trauma and illness record
  - R.90 Medical conditions policy
  - R.97 Emergency and evacuation procedures
  - R.99 Children leaving the education and care service premises
  - R.160 Child enrolment records to be kept by approved provider and family day care educator
  - R.161 Authorisations to be kept in enrolment record
  - R.162 Health information to be kept in enrolment record
  - R.168 Education and care service must have policies and procedures



- R.170 Policies and procedures to be followed
- R.171 Policies and procedures to be kept available
- R.174 Time to notify certain circumstances to Regulatory Authority
- R.174A Prescribed information to accompany notice
- R.177 Prescribed enrolment and other documents to be kept by approved provider
- R.181 Confidentiality of records kept by approved provider
- R.183 Storage of records and other documents
- National Quality Standard:
  - QA2 – Children’s health and safety

**Additional Regulatory Context and Guidance**

- Child Protection Act 1999 (Qld)
- Working with Children (Risk Management and Screening) Act 2000 (Qld)

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