

**INCIDENT, INJURY, TRAUMA AND ILLNESS POLICY****(M)****Mandatory – Quality Area 2****PURPOSE**

Outlets Co-operative Neighbourhood House Ltd is committed to the safety and wellbeing of all children, staff and attendees whilst participating in programs at the Centre.

We are committed to providing for all that attend a safe and healthy environment which is responsive to the needs of anyone if they are injured, become ill, or traumatised whilst in attendance.

We will ensure that we are compliant with all legislative requirements, complying with the exclusion requirements for infectious diseases set out in the DET Health Dept Communicable diseases exclusion table (School Exclusion Table)

The childcare staff shall ensure that the medication policy is used in conjunction with this policy, ensuring safe and appropriate administration of medication in accordance with legislative requirements.

This policy will clearly define the procedures to be followed and the responsibilities for all involved.

1. To reduce the likelihood of incident, accidents, illnesses within the Service.
2. To ensure employees understand the correct steps to conduct first aid.
3. To prevent spread of infection.
4. To ensure that children within our care and education are receiving the correct medication

PERSONS IMPACTED BY THIS POLICY

This policy applies to company employees, students, placements, volunteers, children, families and visitors.

SCOPE

This policy applies to the children, committee members, parents/guardians, participants enrolled in programmed activities and staff.

Background and Legislation

- Children's Services Act 1996
- Children's Services Regulations 35/2020
- Health (Infectious Diseases) Regulations 2001
- Occupational Health and Safety Act 2004

DEFINITIONS

Emergency contact card: A card displaying contact information for emergency services.

Exclusion: Unable to attend or participate in the program.

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.

Illness: Any sickness and/or associated symptoms that affect the child's normal participation in the program.

Immunisation status: No Jab No Play – as per Legislation all children attending must be immunized and up to date record downloaded from MyGov-Medicare presented to centre. The extent to which a child has been immunised in relation to the recommended immunisation schedule.

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

Infectious disease: As indicated on DET Communicable diseases list and exclusion table ie. a disease that could be spread by air, water, interpersonal contact etc.

Injury: Any harm or damage to a person.

Medication: Any substance that is administered for the treatment of an illness or condition.

Minor accidents: Accidents where a cut, scratch, bruise is small, does not require medical attention and does not affect the consciousness of the child.

Serious medical emergency situations or accidents: Accidents or situations where the child requires medical attention, and/or which affects the consciousness of the child.

Trauma: The following are just some of the possible traumatic experiences that young children may experience, according to the National Child Traumatic Stress Network: Physical, sexual, psychological, or emotional abuse. ... Traumatic grief (the sudden loss of a caregiver or loved one). Medical injury or illness.



PROCEDURE

In any medical emergency, centre staff should always administer first aid and implement emergency procedures. Centre staff should not administer any emergency medical treatment or emergency medications other than first aid, unless

The parent or guardian has supplied an Emergency or Medical Management Plan approved by the child's doctor which outlines the appropriate emergency treatment,

Where there is any doubt as to what action to take in any medical emergency, call for an ambulance by dialing 000.

The Manager of Control, Nominated Supervisor or Persons in Day-to-Day Control shall ensure that:

- A maintained and suitably supplied first aid kit is available
- The first aid kit is easily recognizable and readily accessible to staff and inaccessible to children
- If there is an occurrence of an infectious disease, as listed in the infectious diseases table, the MoC, nominated Supervisor, Day-to-Day Supervisor shall notify the parent/guardian to organize for them to be collected as soon as practicable, the parent/guardian shall be advised that medical diagnosis should be sought and Outlets Co-operative Neighbourhood House LTD informed of the outcome.
- Notification of the diagnosed disease shall be displayed in the centre to inform families utilizing the service of the condition (confidentiality shall be enforced and held)
- All childcare staff are aware of and understand the following policy and procedures
- All notification requirements are fulfilled according to the regulations
- Staff have appropriate levels of first aid training

Nominated Supervisor or Persons in Day-to-Day Control responsible for the care of children will ensure that:

- Parent/guardian (nominated emergency contact) are notified if a child becomes ill or has an accident involving a trauma as a consequence of an incident whilst in care
- That an injury/illness report form is filled in for any incident relating to a child becoming unwell, sustaining an injury.
- That parents are informed, sight and sign the injury/illness report form as soon as practicable.
- If a communicable disease is suspected the child shall be removed as soon as practicable in the interest of other children attending the service.
- That the necessary first aid is carried out where and when required.
- That the MoC is informed of any incident that requires reporting or parental notification as soon as practicable
- Notice will be given to ALL families attending of illness if listed on the Infectious Disease listing.

The parents/guardians of the children attending the service shall ensure that:

- Inform staff on the child's enrolment to the centre of any known medical diagnosis relating to the child.
- Provide staff with any management or Medical Action Plans (MAPs) and written consent in line with the action plan.
- Provide staff with any labelled medical requirements (ventolin, epi pen, diabetic kit etc)
- Assist staff by offering information and answering any questions they have in relation to their child's condition.
- Notify the staff immediately of any change to their child's condition and provide a new Management Action Plan in accordance with the changes.
- Comply with procedure outlined in Schedule 4.

MoC -Manager of Control, Nominated Supervisor or Persons in Day-to-Day Control shall ensure that:

the following procedures are followed in conjunction with the whole policy when dealing with the specified or diagnosed conditions below:



Managing a Child with ACUTE FEVER Practices:

- First attempt to bring a child's temperature down by removing the child's clothing, sponge bathing the child with lukewarm water, and fanning the child. Do not allow the child to become cold. If the child becomes too cold, dress the child again. To prevent dehydration, encourage the child to drink small frequent amounts of cool water.
- Contact the parent, guardian or nominated person in any case of a child being acutely ill or developing a sudden fever while in care, manage the situation as an emergency, and ask the parent or nominated person to collect the child as soon as possible. Advise them to take the child to their doctor.
- Ensure the child is well hydrated by offering the child small frequent amounts of cool water to drink until the child is collected by their parent, guardian or nominated person.
- Ensure an injury or acute illness incident report form is completed for any situation where a child develops an acute illness or fever.

Managing a child who has had a FEBRILE CONVULSION while in care:

- In any circumstance when a child has had a convulsion (regardless of whether it is a febrile convulsion or a seizure due to another cause), and even if it stops, centre staff should immediately dial 000 for an ambulance and notify the parent or nominated person.
- If emergency treatment or first aid is required for a child having a convulsion, administer first aid following either a doctor's instructions, or the ambulance service's instructions.

Managing a child with ASTHMA:

- Ensure families provide an Asthma Risk Minimisation Management/Medical Action Plan approved by their doctor, on enrolment and before the child begins at the centre.
- Ensure Regulations and other guidelines are adhered to in respect of administering medication and treatment in emergencies, particularly parental or guardian written consent and a Medication Authority Form has been completed and signed.

In any case where a child is having an acute asthmatic attack, the Approved Provider, Nominated Supervisor, Day-to-Day Supervisor should immediately:

(Note: A wheeze may be audible. However, in a severe asthma attack there may be so little air movement that a wheeze may not be heard)

- Administer first aid or emergency medical treatment according to either:
 - the child's Asthma Management/Medical Plan, or,
 - a doctor's instructions, or,
 - if a childcare staff member who has undergone training by an appropriate health or first aid organisation or a Registered Training Organisation in the management of an acute asthma attack is present in the centre at the time, the Asthma Action Plan or Asthma First Aid Plan as recommended by that training.
- **Dial 000 for an ambulance and notify the families** in accordance with the Regulation and guidelines on emergency procedures.
- Be aware of aspects of the indoor environment that may be triggers for asthma in children, which include:

Asthma is a condition in which the bronchi (air tubes of the lungs) go into spasm and become narrower. Excess mucous is produced, causing the person to have difficulty breathing. Asthma is particularly common in children.

Signs and symptoms

The casualty may be:

- unable to get air
- progressively more anxious, short of breath, subdued or panicky
- focused only on breathing
- coughing, wheezing
- blue around lips, earlobes, and fingertip
- unconscious

To provide effective care for a child with DIABETES:

It is necessary to form a partnership between the childcare staff and the child's family with responsibilities for both:

**The Centre will ensure the following:**

The family, parent or guardian provides the Outlets Co-operative Neighbourhood House LTD with:

- Details of the child's health problem, treatment, medications and allergies
- Their doctor's name, address and phone number, and a phone number for contact in case of an emergency
- A Diabetes Care Plan on enrolment and before the child attends the centre which should include:
 - when, how and how often the child is to have finger-prick or urinalysis glucose or ketone monitoring
 - what meals and snack are required including food content, amount and timing
 - what activities and exercise the child can or cannot do
- A Diabetes Risk Minimisation Management/Medical Plan following enrolment and prior to the child starting at the centre which should include:
 - what symptoms and signs to look for that might indicate hypoglycaemia (low blood glucose) or hyperglycaemia (high blood glucose)
 - what action to take including emergency contacts for the child's doctor and family or -what first aid to give.
- In any medical emergency involving a child with diabetes, the centre staff should immediately dial 000 for an ambulance and notify the family, administer first aid or emergency medical aid according to the child's Diabetes First Aid or Emergency Medical Plan, or a doctor's or ambulance service instructions
- Ensure the family supplies all necessary glucose monitoring and management equipment.
- Ensure the family and centre staff know that it is not the responsibility of the centre staff to administer a child's insulin, or to administer injections of glucose etc in an emergency.
- Ensure the family understands that a child's insulin should be administered before or after care in the centre.
- Ensure there is a staff member who has been instructed to perform finger-prick blood glucose or urinalysis monitoring and knows what action to take if these are abnormal.
- Ensure there are glucose foods or sweetened drinks readily available (to be bought in by family) to treat hypoglycemia (low blood glucose).

A **diabetic emergency** may result from too much or too little insulin in the blood. There are 2 types of diabetic emergency – very low blood sugar (hypoglycemia, usually due to excessive insulin); or very high blood sugar (hyperglycemia, due to insufficient insulin). The more common emergency is hypoglycemia. This can result from too much insulin or other medication, not having eaten enough of the correct food, unaccustomed exercise or a missed meal.

Signs and symptoms:

- If caused by low blood sugar, the person may:
 - Feel dizzy, weak, trembly and hungry
 - Look pale and have a rapid pulse
 - Be sweating profusely
 - Be numb around lips and fingers
 - Appear confused or aggressive
 - Be unconscious

If caused by high blood sugar, the person may:

- Be excessively thirsty
- Have a frequent need to urinate
- Have hot dry skin, a rapid pulse, drowsiness
- Have the smell of acetone (like nail polish remover) on the breath
- Be unconscious

TIP – If unsure whether attack is caused by low or high blood sugar, give a sweet (sugar-containing) drink. Do not use 'diet' soft drinks. This could save the person's life, if blood sugar is low, and will not cause undue harm if blood sugar is high.

(e)To provide effective care for a child with EPILEPSY:

The centre will ensure the following:



- Ensure families provide information on the child's health, medications, allergies, their doctor's name, address, phone number, emergency contact names and phone numbers, and an Epilepsy Management/Medical Plan approved by their doctor, on enrolment and before to the child attending the service.
- Ensure Regulation and other Guidelines are adhered to when administering medication and treatment in emergencies, and a Medication Form has been completed and signed.
- In any circumstances when a child has had a convulsion and even if it stops, the MoC, Nominated Supervisor, Day-to-Day Supervisor *will immediately dial 000* for an ambulance and notify the family
- If emergency treatment is required for a child having a convulsion or an epileptic fit, administer first aid or medical aid according to the child's Epilepsy Management/Medical Plan, or follow a doctor's or ambulance service instructions

Epilepsy is a disorder of the nervous system characterised by seizures. A seizure is not necessarily the result of epilepsy but can be caused by a head injury, high fever, brain tumor, poisoning, drug overdose, stroke, infection, or anything which severely impairs supply of oxygen or blood to the brain. The management of seizures is the same irrespective of the cause. People with epilepsy may be aware that they are about to have a seizure because of a brief sensation – a perceived sound, a smell, or a feeling of movement.

Seizures range from a mild blackout (simple partial seizure) to sudden uncontrolled muscular spasms. A major seizure can come on very suddenly but seldom lasts longer than 2-3 minutes. After the seizure, the person may not remember what happened and may appear dazed and confused as well as sleepy or exhausted.

Signs and symptoms:

A person having an epileptic seizure may:

- Suddenly cry out
- Fall to the ground (sometimes resulting in injury) and lie rigid for a few seconds
- Have a congested and blue face and neck
- Have jerky, spasmodic muscular movements
- Froth at the mouth
- Bite the tongue
- Lose control of bladder and bowel

Management of an Epileptic Seizure

- Call 000
- During the convulsion:
- Do not try to restrain the person.
- Do not put anything in the mouth.
- Protect person from obvious injury – remove any furniture/ objects.
- Place something soft under head and shoulder

(f) For incidents involving a DENTAL INCIDENT or Trauma

To provide the best possible prevention and management of dental trauma in children, the childcare staff will ensure they:

If a child sustains a dental injury (involving their first teeth) where the tooth is chipped or the whole tooth is knocked out:

- Manage as an emergency, inform the parents/ family and complete an injury report form.
- Do not reinsert the tooth back into the socket (first teeth are not usually placed back).
- Gently rinse the tooth or tooth fragments in clean water to remove blood and place in a clean container or wrap in cling wrap to give to the parent or dentist.
- Advise the family to seek dental advice as soon as possible and ensure they take the tooth/tooth fragments to the dentist with the child.

If required to provide First Aid for a knocked out or chipped permanent tooth in an older child or adult:

- Manage as an emergency, inform the parents/family and complete an injury report form



- Gently rinse the tooth and tooth fragments in clean water for a few seconds to remove excess dirt and blood.
- Handle the tooth by its crown (the white enamel top part of the tooth), not its root and be careful not to rub off the endothelial fragments on the root of the tooth as these are needed for the tooth to take if replaced by the dentist.
- In an adult or older child who can be relied on not to swallow their tooth, it is preferable to replace the tooth back into the socket. (Be certain that the tooth is placed into the socket the correct way round, in its original position, using the other teeth next to it as a guide.)
- Hold the tooth in place by gently biting on a clean handkerchief or gauze pad.
- If unable to reinsert the tooth, get the person to hold the tooth inside the mouth next to the cheek or place the tooth in clean milk, sterile saline, or clean water. Place a firm pad of gauze over the socket and have the person bite gently on the gauze.
- Seek dental advice as soon as possible and ensure the family takes the child to the dentist with the tooth/tooth fragments within 30 minutes, as the root endothelial layer begins to deteriorate after 30 minutes.
- If the tooth has been in contact with dirt or soil, advise the family as tetanus injection may be required and advise them to consult with both their dentist and doctor.

(g) For incidents resulting in a serious or acute illness or accident.

Both DESE CCCFR and VECRA (Vic) MUST be notified

- *The definition of Serious Incident is defined in s49(4) of the Minister's Rules.*

CCCFR DET Department of Education, Skills and Employment (CCCFR-C'wealth) must be notified of any serious incident that occurs or could have occurred. *Form One Serious Incident Details* - This form must be completed and sent to the Department **within 24 hours** after a serious incident involving a child being cared for or educated by the service occurs, or a circumstance occurs that could have resulted in a serious incident.

- Email to CCCFRestricted@education.gov.au with "Serious Incident Notification" in subject line.

B) As stipulated in regulation 40 (6) of the children's service regulations the childcare staff will ensure the following:

- A serious incident should be documented in an Incident, Injury, Trauma and Illness Record as soon as possible and within 24 hours of the incident.

VECRA -Victorian Early Childhood regulatory Authority **within 24 hours** after the occurrence of either of these incidents. AEID **phone 7005 1801**

- Email to -vecra.western.metro@education.vic.gov.au with "edu form"

NB* For Incidents of misconduct to be report immediately to **Social Services Regulatory SSR 1300 310 778** email: contact@ssr.vic.gov.au

- The Approved Provider, MoC, Persons of Control must notify the secretary of Dept Human Services as soon as practicable of the death of a child whilst being cared for at Outlets, any incident involving an accident, injury or trauma to a child whilst being cared for by Outlets which required the attention of a registered practitioner or admission to a hospital.
- If a child becomes acutely ill or injured in care the staff will Notify the family as soon as practically possible, request they or a responsible person nominated by the family, collect the child as soon as possible and take to the child's doctor.
- Keep the child under adult supervision until the child's family or a responsible person with consent arrives
- Ensure confidentiality of any personal or health related information obtained by children's centre staff or other staff member in relation to children, children's parents and families.

(h) In the occurrence of an Anaphylactic reaction please refer to and follow the Anaphylaxis policy.

Individual management plans and checklist are provided for each child diagnosed, these need to be used accordingly with the anaphylaxis policy.



4. Related documents and policies

Children's Service Act 1996
Children's Service Regulations 32/2020
Medication Policy
Anaphylaxis Policy, Management plan, Checklist
Asthma Management plan
Diabetes management plan
Epilepsy management plan
Children's enrolment procedure
Emergency policy and procedure
Hygiene policy
Excursion policy

Attachments: Recording

Attachments – Report templates: Access Computer – Desktop... go to file... 'Cc Serious Incidents'

The Report Template Form YOU NEED to complete denote an 'a' in front of Title

Recording/Reporting - aQAR Incident, Injury, Trauma and Illness record – Template (Vic)-Interactive
aCCCFR Serious Incident Notification Form – Template (CCCFR)- Interactive
aOutlets Accident, Injury, Trauma and Illness -Template – Outlets Co-op Neighbourhood

AUTHORISATION

This policy was adopted by the Approved Provider of Outlets Co-operative Neighbourhood House LTD on 21/5/2020 **updated 8/4/2022 updated 27/7/2023 updated 20/3/2026**

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