

Incident, Injury, Trauma and First Aid

Policy Statement

Meerilinga recognises children's instinctive desire to explore and test their growing capabilities is an essential part of their development. We acknowledge the importance of risk management to provide a safe environment and reasonably protect children from potential harm.

Policy Purpose

Staff and Educators have a duty of care to respond to and manage incidents, injury or trauma that may occur at the Centre. To ensure the safety and wellbeing of the Meerilinga community, this policy will guide Staff and Educators to manage incidents and ensure they have the ability to provide prompt, basic first aid.

Scope

This policy applies to children, families, staff, management and visitors of the service.

Exclusions

Policy Review

At least annually or from time to time the organisation may make changes to this policy to improve the effectiveness of its operation.

Implementation

In the event of an incident occurring at the service, staff will respond immediately in accordance with the strategies, practices and procedures outlined.

Incident Preventative Strategies:

- Consider the planning of the physical environment and experiences, ensuring that the spaces are safe.
- Adequately staff to effectively manage supervision and any potential risks to children's health and wellbeing.
- Respond to children in a timely manner. Provide reassurance and ensure children's emotional and physical wellbeing is paramount at all times.
- Regularly checking equipment and environment 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.
- Consider seasonal changes in weather. Where routines may need to be adjusted throughout the day, staff will assess the supervision risks to ensure they are best placed to adequately supervise children at all times.
- Reviewing the cause of any incident, injury or illness and taking appropriate action to remove the cause if required.
- Provide staff with access to appropriate up to date information, or professional development on the management of incidents.
- Maintain high levels of supervision at all times and review supervision plans where necessary.

Through the enrolment form, families will:

- Give written consent for the service to seek medical attention for their child, in the event of a medical emergency.
- Provide details of their preferred Doctor and Medicare details.
- Nominate additional persons authorised to contact in the case of an emergency and give consent for the child to receive medical treatment and/or administration of medication.

If a child, educator or visitor has an accident while at the Centre a staff member who holds a first aid certificate will attend to them immediately.

Under the Education and Care Service National Law and Regulations, there must record of details in the Incident, Injury, Trauma and Illness Report for the following occurrences:

- An incident in relation to a child
- An injury received by a child
- Trauma to which a child has been subjected
- An illness that becomes apparent.

[This record must be kept and stored confidentially until the child is 25 years old.]

Child Incident Report - *Injury, Trauma and Illness*

All information will be included in the Child Incident Report as soon as is practicable, but not later than 24 hours after the incident.

Details entered on this record include the following:

- Child's name and age.
- The circumstances leading to the incident, injury or trauma, or relevant circumstances surrounding the child becoming ill (including any symptoms).
- 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.
- Action taken by the service, including any first aid provided, medication administered or medical personnel contacted.
- Details of any person who witnessed the incident, injury or trauma, or the apparent onset of illness.
- Name of any person the service notified, or attempted to notify, of any incident, injury, trauma or illness that a child suffered while being at the service, and the time and date of the notifications/attempted notifications.
- Name and signature of the person making an entry in the record, and the time and date that the entry was made.
- Signature of a parent/guardian to verify that they have been informed of the occurrence.
- Notification of serious incident to the Approved Provider and the Regulatory Authority if required.
- Incident review and reflection in action.

The Place Administrator is responsible for ensuring all incident reports are accurately completed and will collate the information from the children's incident reports with regard to injury, trauma or illness. This information is will be entered into the Quarterly Incident Register to observe any patterns in incidents or corrective actions that may need to be taken. This information is shared and discussed at staff meetings and used to guide continuous improvement in practice, policies and procedures.

First Aid

At least one staff member or nominated supervisor who holds a current approved first aid, asthma and anaphylaxis qualification will be in attendance during operational hours at the service and immediately available in an emergency.

First aid will only be administered by staff holding a current approved first aid, asthma, anaphylaxis qualification.

Easily accessible and well-equipped and properly maintained first aid kits will be located in the Centre, in the outdoor environments and for excursions.

The contents of the First aid kit, including medications will be checked monthly to ensure they are well stocked and are within expiry date.

Cold packs will be kept in the first aid kit (dry ice) and freezer for treatment of injuries.

In case of a medical emergency, the service will keep an in-date Epi-Pen JNR and ventolin medications on the premises in the first aid kit.

Trauma

There are a range of different events that might be traumatic to a child, including accidents, injuries, serious illness, natural disasters, war, terrorist attacks, assault, and threats of violence, domestic violence, neglect or abuse. Parental or cultural trauma can also have a traumatising influence on children. This definition firmly places trauma into a developmental context.

Trauma changes the way children understand their world, the people in it and where they belong.' [Australian Childhood Foundation 2010] Making space for learning: Trauma informed practice in schools.

Trauma can disrupt the relationships a child has with their family, Educators and staff who care for them. It can transform children's language skills, physical and social development and the ability to manage their emotions and behaviour.

Behavioural responses for Pre-School aged children who have experiences trauma may include:

- New or increased clingy behaviour such as constantly following a parent, educator or staff around.
- Anxiety when separated from family or educators.
- New problems with skills like sleeping, eating, going to the toilet and paying attention.
- Shutting down and withdrawing from everyday experiences.
- Difficulties enjoying activities.
- Being more jumpy or easily frightened.
- Physical complaints with no known cause such as stomach pains and headaches.
- Blaming themselves and thinking the trauma was their fault.

Children who have experienced traumatic events often need help to adjust into the way they are feeling. It is important for Educators and staff to be patient when dealing with a child who has experienced a traumatic event. It takes time to understand how to respond to a child's needs and determine the most appropriate way to support a child.

Educators can assist children dealing with trauma by:

- Observing the behaviours and feelings of a child and the ways you have responded and what was most helpful in case of future difficulties.
- Creating a 'relaxation' space with familiar and comforting toys and objects children can use when they are having a difficult time.
- Having quiet time such as reading a story about feelings together.
- Trying different types of play that focus on expressing feelings (e.g. drawing, playing with play dough, dress-ups and physical games).
- Helping children understand their feelings by using reflecting statements (e.g. 'you look sad/angry right now, I wonder if you need some help?').

Place Administrators, Educators and Staff will ensure:

- Service policies and procedures are adhered to at all times.
- Child Incident Reports are completed accurately as soon as practicable following an incident.
- Parents or Guardians are notified as soon as practicable no later than 24 hours of an incident occurring.
- First aid kits are easily accessible and recognised where children are present at the service and during excursions.
- First aid qualification, anaphylaxis and asthma management training is current and updated.
- Staff and children always practice appropriate hand hygiene.
- Appropriate cleaning procedures and practices are followed.
- First aid kits are suitably prepared and the contents checked monthly, and a Continuous Improvement Form T59 completed for CEO approval. Both the CI form and First Aid Checklist is to be emailed for CEO approval.
- That if the incident, situation or event presents imminent or severe risk to the health, safety and wellbeing of any person present at the service or if an ambulance was called in response to the emergency, the Regulatory Authority will be notified within 24 hours of the incident.
- The name of all First Aid qualified staff is displayed where they can be easily viewed by all service users and the Authorities.
- First aid qualified educators are present at all times on the roster and in the service.

Incident causing Injury

When a minor injury occurs at the service, staff qualified to provide first aid will:

- Assess the injury.
- Attend to the injured child and provide first aid.
- Staff will complete the child incident report and the person collecting the child will be informed of the incident and asked to sign the report to confirm their notification of the injury.
- At the time of the incident and following medical treatment, if there is concern for the child's wellbeing, the educator will contact the parent/guardian to notify them of the incident and injury.
- Ensure health and hygiene procedures have been followed, all persons coming in direct contact with bodily fluids eg: blood must use the spill kit and follow the Bodily Fluids and Spills Management procedures for cleaning.

Refer to the Health, Hygiene and Infection Control Process

When a serious injury occurs and emergency medical attention is required, the staff qualified to provide first aid will commence first aid treatment and CPR if necessary.

The following process will apply if Emergency medical attention is required:

- Staff qualified to provide first aid will assess the injury and direct the responsible person or adult bystander to contact an ambulance.
- When the situation is under control, the nominated supervisor/responsible person or person directed by the responsible person will contact the parent/authorised nominee to advise them of the incident and where they can meet their child – at the service or hospital. Every effort will be made not to panic the parent/authorised nominee.
- The responsible person will determine the staff member who will accompany the child in the ambulance if the parent/authorised nominee has not arrived at the service.
- All other staff will be required to remain at the service to ensure ratios are maintained.
- Ensure that any contact with the injured child's blood or body fluids has been appropriately dealt with.
- Complete the Child Incident Report, the parent/authorised nominee will sign the form to confirm their notification of the incident.
- Notify the CEO of Meerilinga.
- Complete the required notification documentation to the Education and Child Care Regulatory Unit within 24 hours of the incident occurring.

Incident causing Unexpected Death

The unexpected death of a child at a service is a traumatic event and the impact on educators, children and families can cause emotional turmoil, which can overwhelm usual coping skills. Our Service will ensure that management and educators follow the procedures where immediate and appropriate action is taken to notify relevant authorities in the event of the death of a child whilst at the service.

Regulation 12 defines a serious incident involving the death of a child as:

- (a) The death of a child –
 - (i) While that child is being educated and cared for by an education and care service,
or
 - (ii) Following an incident occurring while that child was being educated and cared for by an education and care service.

Refer to the Process section of this Policy for the Unexpected Death procedure.

Meerilinga Executive will ensure Directors, Educators, staff, families and children receive adequate and appropriate post-incident support.

Additionally, the Executive and Director will:

- Demonstrate sensitivity, open mindedness and a balanced approach.
- Recognise and support cultural needs.
- Ensure all evidence is preserved.
- Maintain accurate and detailed record keeping.
- Contact their legal representative for support and direction.
- Establish protocols for staff and Educators to discuss the traumatic event.
- Advise staff of social media protocol for the event.
- Provide professional and sensitive communication with families of the service.
- Engage the services of health care professionals (counselling and support for staff).
- Cooperate on an ongoing basis with inter-agencies involved in the investigation.

Meerilinga will seek advice and support from health professionals to provide appropriate materials to send home to families to assist in understanding the effects of trauma on children and possible changes in behaviour following the unexpected death of a child in our service.

All costs incurred in ensuring prompt medical attention for a child will be met by the parents/guardians.

Accidents which result in death or serious injury to employees (including likely to be absent from employment for 10 or more working days) must be reported to the Department of Occupational Safety and Health under section 19(3) of the Occupational Safety and Health Act 1984 (WA). This will be addressed by the Meerilinga Executive.

Incident Process	
Process Owner	CEO
Effective Date	20 October 2021
Date of Last Revision	20 October 2021

Process Details	
	Description
1.	<p>Child Incidents - Injury, Trauma and Illness</p> <p>Educators and staff will immediately attend an incident to assess:</p> <ul style="list-style-type: none"> - An injury received - Trauma to which a child has been subjected - An illness that becomes apparent. <p>Minor Injury</p> <ol style="list-style-type: none"> 1. Staff qualified to provide first aid will commence first aid treatment. 2. At the time of the incident and following medical treatment, if there is concern for the child's wellbeing, the educator will contact the parent/guardian to notify them of the incident and injury. 3. Ensure that any contact with the injured child's blood or body fluids has been appropriately dealt with. 4. Complete the Child Incident Report, the parent/authorised nominee will sign the form to confirm their notification of the incident. <p>Serious Injury</p> <ol style="list-style-type: none"> 1. Where emergency medical attention is required, the staff qualified to provide first aid will commence first aid treatment and follow DRSABCD action plan if necessary. 2. When the situation is under control, the nominated supervisor/responsible person will contact the parent/authorised nominee to advise them of the incident and where they can meet their child - at the service or hospital. 3. The responsible person will determine the staff member who will accompany the child in the ambulance. 4. Ensure health and hygiene procedures have been followed, all persons coming in direct contact with bodily fluids must wash the affected area with soap and water.

Process Details

	Description
	<p>Use the spill kit and follow the procedures for cleaning the area or equipment contaminated with bodily fluids eg: blood.</p> <p>Staff will complete the child incident report. The parent/guardian or authorised nominee notified at the time of the incident will be asked to sign the report. The serious incident will be reported to the CEO. The CEO will direct reporting to the Regulatory Authority within 24 hours.</p> <p>Illness</p> <ol style="list-style-type: none">1. Staff will attend to a child displaying signs of being unwell.2. Refer to the Policy and Process on Illness and Infectious Disease for management of an ill child.3. The parent/guardian or authorised nominee will be contacted and asked to collect the child.
2.	<p>Unexpected Death</p> <p>The Responsible Person at the time of the incident and Educators will ensure that immediate and appropriate action is taken in the event of the death of a child whilst in attendance at the Centre by following and implementing the following procedures:</p> <ul style="list-style-type: none">- Assess the situation as per service and first aid procedures for any immediate danger to other children and/or staff.- Staff qualified to provide first aid will commence immediate first aid and/or CPR in accordance with current First Aid training.- First aid responder will direct a person to call emergency services (ambulance and police) immediately.- The Responsible Person will contact the parents/authorised nominee of the child and arrange to meet at the hospital. <p>★ The service must not advise parents of the death of their child: Emergency service personnel will advise families of the situation.</p> <ul style="list-style-type: none">- Notify the Police if they have not already been contacted through the initial emergency services call.- Notify CEO of Meerilinga (Approved Provider).- Notify the Education and Care Regulatory Unit.- The Responsible person will complete the service's Child Incident Report in detail and attach additional information if necessary.- Within 24 hours of the incident occurring, the CEO will direct the required written notification reporting to the Education and Child Care Regulatory Unit through the NQA IT System. Attach additional reports and information as required.- The Executive will organise trauma counselling for those who may need it.- Contact the parents of the other children at the service to advise them of an emergency, and may request they arrive to collect their children as soon as they are able. On arrival parents will be advised about the death, or serious injury of the child and will be given information about trauma counselling for their child if needed.- The Executive will contact the insurance company.

Associated Documents

Meerilinga Policy Manual

- Preface - Section 1 - Strategic and Business Planning Policies (Code of Ethics & Conduct)
- Section 2 - Human Resources Policies
- Section 3 - Finance, Assets and Administration Policies
- Section 6 - Children's Program Policies
 - *Staffing*
 - *Communication Plan*
 - *Child Safe Environment*
 - *Supervision*
 - *Excursions*
 - *Emergency Management*
 - *Illness and Infectious Disease*
 - *Medical Conditions*
 - *Medications*
 - *Sleep and Rest*
 - *Health, Hygiene and Infection Control*
 - *Sun Protection*
- Section 7 - Workplace Health and Safety Policies
 - *Workplace Health and Safety*
 - *Reporting Accidents and Incidents*
 - *Use and Storage of Dangerous Products*
- Section 8 - Guidelines

- Daily Indoor and Outdoor Facilities - Safety Checks
- First Aid Management Checklist T584
- Medical Management Plan
- Risk Minimisation and Communication Plan
- Child Incident Report
- Quarterly Incident Register
- Ongoing Excursion Risk Management Plan (*updated annually*)
- Risk Management Plans
- ELP Family Handbook
- WHS Manual
- Quality and Compliance Handbook

Guidelines for Advisor

Guide Directors to ensure Health and Safety policies and procedures are adhered to at all times.

Safety Audits of the building, indoor and out environment are conducted in accordance with the organisational calendar.

Parents or Guardians are notified as soon as practicable of an incident involving their child and no later than 24 hours of an incident occurring.

Ensure Child Incident Reports are complemented accurately and without deferral.

First aid kits are easily accessible, well stocked with (in date) first aid equipment including emergency medication (Epi-Pen JNR and Ventolin).

First aid, anaphylaxis and asthma management training is current and updated for all staff employed at the service. The qualified staff names are displayed in a prominent position for families and Authorities to view.

First aid qualified staff and Educators are present at all times on the roster and in the Service.

That if the incident, situation or event presents imminent or severe risk to the health, safety and wellbeing of any person present at the service or if an ambulance was called in response to the emergency (not as a precaution) the Regulatory Authority will be notified within 24 hours of the incident.

Records Management

Title	Location	Responsible Officer	Minimum Retention Period
Child Incident Report	CFC	Nominated Supervisor	Until the child is 25 years old
Medical Management Plan	CFC	Nominated Supervisor	3 years from exit
Risk Minimisation and Communication Plan	CFC	Nominated Supervisor	3 years from exit
Health / Hygiene / Safety Risk Assessment Plans	CFC	Advisor / Nominated Supervisor	3 years
Ongoing Excursion Risk Management Plan	CFC	Nominated Supervisor	3 years
Quarterly Incident Register	CFC	Nominated Supervisor	3 years
Regulatory Authority Serious Incident Notifications	CFC	Advisor / Nominated Supervisor	3 years

Reference

- Education and Care Services National Law Act (WA) 2012 - October 2018
- Education and Care Services National Regulations (WA) 2012 - October 2021
- ACECQA - National Quality Standards - September 2020
- ACECQA - Belonging, Being & Becoming - Early Years Learning Framework
- Code of Ethics - Meerilinga
- Code of Conduct - Meerilinga
- Children and Community Services Act 2004
- Privacy Act 1988
- Staying Healthy - Preventing Infectious Diseases in Early Childhood Education and Care Services, 5th Edition. Australian Government National Health and Medical Research Council - June 2013
<https://nhmrc.gov.au/sites/default/files/documents/reports/clinical%20guidelines/ch55-staying-healthy.pdf>
- Occupational Safety and Health Act 1984 and the Occupational Safety and Health Regulations 1996.

Mapping Policy and Processes

Education and Care Services National Law (WA) Act 2012	
Section	161, 161A, 162, 162A, 165, 165A, 166, 167, 169, 170, 172, 174, 175.

Education and Care Services National Regulations (WA) 2012	
Regulations	12, 77, 81, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 97, 98, 103, 117A, 117B, 117C, 122, 123, 126, 136, 150, 151, 160, 161, 162, 168(2) (a)(iv)(b)(c)(h), 170, 171, 172, 173, 175(2)(c)(ca)(d)(e), 176(2)(a)(b)(ba)(c), 177, 180, 181, 183, 185.

Standards for RTOs 2015
Vocational Education and Training is a significant contributor to Australia's economy domestically, being the primary mechanism to meet the skilling needs of the Australian community. The standards give the community confidence that RTOs are delivering quality training and assessment that is highly regarded both locally and overseas.

Policy Area	National Quality Standards Early Childhood	National Standards for Volunteering Involvement 2015	Standards to Community Services	Standards to Family Support
Children's Programs	QA 2 - 2.1.1, 2.1.2, 2.2, 2.2.1, 2.2.2, 2.2.3 QA 3 - 3.1.2 QA 6 - 6.1.3 QA 7 - 7.1, 7.1.1, 7.1.2, 7.1.3, 7.2.1, 7.2.3.	N/A	N/A	N/A