

POLICY: 4.2 INCIDENT INJURY ILLNESS AND TRAUMA

Procedure: 4.9 Incident, Injury, Illness and Trauma

Maintaining and supporting children's health and wellbeing by responding to any incident, injury, trauma, or illness in an appropriate, respectful, and effective manner using processes recommended by health professionals and emergency services is a priority for the Service.

4.9.1 Linking to Policy

This procedural guidance should be read in conjunction with the service **4.2 Incident, Injury, Illness, and Trauma Policy** and will assist the Approved Provider, Management, Staff (Nominated Supervisors, Coordinators, and Administrative Staff members) Educators, Educator Assistants and parents/guardians to implement the policy. The procedure covers:

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4.9.2 Parental Permission

The Nominated Supervisor will ensure

- written authority to allow the Educator, nominated supervisor and/or Coordinator or authorised nominee to seek any medical, dental, hospital treatment or the services of an ambulance in the case of an emergency, is obtained from the parent at the time of enrolment *refer to 9.1 Enrolment and Orientation Policy* for further guidance.
- Parents/guardian of all children enrolled at the Service have signed an acknowledgment that the parent/guardian pay any expense incurred in connection with the medical treatment

- parental permission is gained to use all health and other personal information which the Service has relating to the child to enable Educators and Coordinators of the Service to administer care and assistance to the child or to pass the information to medical personnel assisting the child in an emergency
- report any incident, injury, illness, or trauma to the Regulatory Authority as required.

4.9.3 Responding to Illness

In the event of a child becoming unwell or developing an illness while in the care of an Educator, the Educator (and Educator Assistant where appropriate) will:

1. If a child presents or develops one of the following signs while in care, the Educator will contact the parent or emergency contact as listed in the child enrolment to collect the child. Some indicators of illness include:
 - Ear and/or eye discharge
 - Undiagnosed rash
 - A body temperature of 38 degrees celsius or higher
 - Persistent coughing episodes with difficulty in breathing
 - Open sore with discharge
 - Vomiting and/or continuous loose bowel episodes. A child with symptoms that may be infectious should be isolated where possible, but not out of the sight of the Educator.
2. Implement practices that secure the health and safety of all children as a priority, and the wellbeing of the ill child is paramount by:
 - Separating the sick child from the other children, but in a place where supervision is maintained
 - If the child is not well enough to participate in activities, contact their parent to collect the child
 - While talking to the parent ascertain the time frame for collection, if the child has a temperature, and the timeframe is significant, to seek verbal authorisation to administer paracetamol
 - Complete the Medication Record noting the phone authorisation to administer the one dosage of Paracetamol (who gave this permission, what time this occurred)
 - When the parent or authorised person arrives, ask them to sign the entry for the one dose of Paracetamol on the Medication Record
 - While waiting for the parent to arrive, keep the child away from the main group of children, if possible. For example
 - o Lie the child on a floor cushion or mat in the corner of the room or quiet spot where you can still comfort and supervise them.
 - o Ensure they have fluids and are kept cool if a temperature is apparent.

- Monitor the child's responses by checking on them every 3 to 5 minutes
- Reassure the child that the parent is coming to collect them soon.
- Talk with other children about how the child is feeling.
- After the child leaves, ensure that the mattress or floor cushion is cleaned before it is used again.
- Some infectious agents can persist on surfaces and may cause infection even if an object looks clean or is wiped clean.
- Using personal protection (gloves), clean the area and all bedding/cushions and play resources used by the child with warm soapy water and put in sunshine light to dry.
- Once the clean-up occurs, complete the Incident, Injury, Illness, and Trauma Report.

4.9.4 Completing the Report for Illness

Complete the Incident, Injury, Trauma, and Illness Record [R.85, 86, 87] outlining the specifics of the illness and must include:

The details of any illness which becomes apparent while the child is being educated and cared for, including:

- 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 actions taken concerning any illness which the child suffered while being educated and cared for including
 - Any medication administered
 - First Aid provided
 - Medical personnel contacted
- The time and date of the notification or attempted notification to the parent or authorised person and Service (who)
- The name and signature of the person making an entry in the record, and the time and date that the entry was made
- Parental Acknowledgement – sighted and signed the report
- Ensure the parent of the child with an illness is notified as soon as practicable but at least **on the day of the occurrence (24 hours)**
- Ensure the completed Incident, Injury, Illness and Trauma Form is provided to the **Service Office within 24 hours of the illness**
- The Service will keep the incident, injury, illness, and trauma form on the child's record in accordance with *10.3 Confidentiality, Records and Register Management Policy*.

4.9.5 Responding to an incident, injury or trauma

In the event of a child being involved in an incident or incurring an injury or suffering a trauma while in the care of an educator.

An incident could be a situation that is unusual or causes concern, such as the child not wanting to leave with an authorised person, a medical incident such as asthma attack, a child experiences a convulsion, is bitten by a bee or insect, etc.

An Injury would include any injury to the child while in the care of an Educator, e.g. eye injury, broken bones, any injury resulting in a bruise or bleeding including biting.

Trauma could include where a child has experienced a scare, where a child becomes distressed because of a situation or event, such as a storm or emergency situation (see more info above).

The Educator (and Educator Assistant where appropriate) in the event of an injury, incident or trauma will:

- attend to the immediate needs of the child, comfort and support them by remaining calm
- assess the situation and ensure no other children are at risk of harm
- commence first aid in accordance with *4.6 Administer First Aid Policy* for guidance (if required)
- remember to use personal protective equipment (gloves) and wash hands thoroughly after contact with bodily fluids (*refer to 4.3 Management of Bodily Fluids Procedure*)
- reassure the child and assess the nature of the incident, injury or trauma
- comfort the child throughout the situation by staying close, provide emotional support by talking quietly
- if the child gets a sting or bite or has a sprain, the educator will apply an ice pack
- continue to monitor the child, stay close by, and reassure the child
- if the child receives a burn, the best treatment is running cool water over the site for at least 20 minutes and calling an ambulance straight away
- talk with the other children about what is occurring, remain calm, and, if possible, engage the other children in assisting by asking them to sit close by or fetch materials if appropriate
- if urgent medical treatment is required call an ambulance right away (*refer to 4.3 Serious Incident and Emergency Policy*)
- if necessary/possible, accompany the child to the hospital. If other children are in care or Educator's children, require supervision, the Educational Assistant or another Educator available at the time of the emergency, will be called upon to provide appropriate care for the children until the parent arrives or the Service can organise alternative arrangements for the children
- contact the Service Office to access the support of a staff member as soon as possible

- where blood is present, apply pressure and wrap to reduce bleeding
- where the child is experiencing a medical episode (asthma attack or low/high blood sugar) refer to the child's Medical Management Plan and access their medication promptly. (*refer to 4.4 Medical Conditions* for further guidance)
- call the parent and or (nominee) emergency contacts by telephone as soon as practicable should the child need additional medical treatment, or if the Coordinator arrives, ask them to contact the parent
- should the child not require medical treatment the parent will be notified of the incident, if they are not able to be contacted, they will be notified when they arrive to collect their child at the end of the day
- if the child has bumped their head, the parent will be notified by telephone as soon as practicable, and the child will be monitored closely to ensure there are no symptoms of concussion
 - o The most important thing you can do is watch the child very carefully. Ask yourself the following questions:
 - Is the child acting normally?
 - Are they acting more drowsy than normal?
 - Has their behaviour changed?
 - o if you respond yes, to any question, medical attention is required, call an ambulance.
- clean all areas of residence where a sick child was resting with warm soapy water immediately after the child leaves
- evaluate the scene of the incident and remove the causes of the injury
- complete the Incident, Injury, Illness and Trauma Record as soon as practicably possible and no later than 24 hours after the incident – see instructions below

4.9.6 Completing the Report for Incident, Injury, and Trauma

The Report used to note an Incident, Injury or Trauma must include:

The details of any incident concerning a child or injury received by a child or trauma to which a child has been subjected while being educated and cared for including:

- Name and age of the child
- The circumstances leading up 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
- Indicate on diagram the part of body affected
- Details of the actions taken concerning any illness which the child suffered while being educated and cared for including

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- Any medication administered
- First Aid provided
- Medical personnel contacted
- Details of any person who witnessed the incident, injury or trauma
- The name of any person the Service notified or attempted to notify
 - Parent/guardian
 - Service/Nominated Supervisor/Coordinator
 - Other Agency involved
 - Regulatory Authority
- The time and date of the notification or attempted notification
- The name and signature of the person making an entry in the record and the time and date that the entry was made
- Have any steps been taken to prevent or minimise this type of incident in the future?
- Parental Acknowledgement – sighted and signed the form within 24 hours.

The **Incident, Injury, Illness, and Trauma Record** must be completed and provided to the Service Office within 24hrs of the incident, injury, trauma or illness. **(Refer to Incident, Injury, Illness and Trauma Record).**

- Parents must be informed (as mentioned above) and sign the Incident, Injury, Illness and Trauma Record (within 24 hours)
- Where a serious incident occurs, or assistance from a registered medical practitioner and/or emergency medical service is required, or should reasonably have required this assistance, Educators will record and report this to the Service as soon as possible and within 24 hours. (Refer to the definition of 'serious incident' in Policy *4.3 Serious Incident and Emergency Policy*). This is a legislative requirement
- Educators should report to their insurance company any injury or serious incident as required by the conditions of their policy
- Information within ***Staying Healthy in Childcare (5th Ed.) and Communicable disease control guidance, QLD Health*** will be implemented with regards to the prevention of illness and infectious diseases – refer to *4.1 Hygiene and Infectious Disease Policy*
- The Service will ensure the Incident, Injury, Illness, and Trauma Record is stored in a safe and secure place and kept until a child is aged 25 years.

4.9.7 Other Roles and Responsibilities

Coordination Unit Staff will:

- provide up-to-date enrolment records to Educators for each child accessing their service
- supply Educators with relevant forms for collecting authority and information, including the **Incident, Injury, illness and Trauma Record**
- be familiar with the regulatory requirements around [R.85, 86, 87] incidents, injury, trauma, and illness of a child being provided with education and care and reviewing this policy with new staff and new Educators
- provide Professional Development and/or information on appropriate practices when dealing with incidents, injury, trauma, and illness with a child to Educators and other staff members
- on enrolment of a child, ensure the family has given **written authorisation for an Educator or staff member of the Service to:**
 - o **seek and/or carry out emergency medical treatment** (including one dose of paracetamol that is age-appropriate and administered in accordance with recommended dosage)
 - o call an ambulance
 - o seek emergency medical attention if required
 - o visit a hospital and/or
 - o to seek dental advice.
- ensure each Educator has the capacity by providing training on how to complete the Incident, Injury, Trauma and Illness Form in line with this policy, and
- ensure the Educator has completed the Medication Record
 - o On the same day of the incident; and
 - o Parents of the child have sighted and signed the report within 24 hours.
- make contact with the parent as soon as it is possible and within 24 hours to ensure they are aware of the incident, injury, trauma, or illness and to discuss what risk assessment and prevention strategies were put in place to mitigate future incidents from occurring
- upon receiving notice of a **Serious Incident** involving a child attending hospital/doctor where the incident, injury, trauma, or illness results in the child receiving medical, dental, or hospital treatment immediately notify the family and submit a notification to NQA IT Portal.

Families will ensure:

- Their child is not brought into care when unwell
- They provide up-to-date medical information about their child as the situation changes
- The Service has up-to-date contact information (phone and address of the home, work, and emergency contacts) to ensure in case of an emergency, they can be contacted, or their nominated emergency contact is available
- They have permitted the Educator to administer one dose of paracetamol (age-appropriate) in the event of a high fever after all other reduction measures are applied
- They can attend the service in case of emergency or have provided additional details of other emergency contacts
- They have provided written emergency or **Health Management Plans** if applicable to their child's health
- They take over the responsibility of their child as a matter of urgency if contacted by their child's Educator to do so
- They have given **written authorisation for an Educator or staff member of the service, to:**
 - o **seek and/or carry out emergency medical treatment** (including one dose of paracetamol that is age-appropriate and administered in accordance with recommended dosage)
 - o call an ambulance
 - o seek emergency medical attention if required
 - o visit a hospital and/or
 - o to seek dental advice.

4.9.8 Review of the Circumstances Leading to the Incident, Injury, Illness, and Trauma

In the interests of preventing future incidents, injuries, illness and/or trauma, Educators and Service staff will:

- Review the events leading to the incident, injury, illness or trauma
- Update or develop risk management plans if necessary, to ensure precautionary measures are in place to lessen the likelihood of further events
- Ensure relevant departmental forms are completed.

4.9.9 More on Trauma

Trauma can occur if a child experiences an intense event that threatens or causes harm to his or her emotional and physical wellbeing (National Child Traumatic Stress Network).

A distressing or frightening experience can challenge children's sense of security and the predictability of their world. Such events can include life-threatening car accidents, bushfires, floods, and sudden illness, traumatic death in the family, crime, abuse or violence.

Recognition and prompt assistance by Educators and staff, followed by appropriate early attention from professionals, will help to limit any physical, psychological, emotional or social consequences of distress.

While many children are resilient, traumatic experiences have both immediate and long-term effects on their mental health and ability to function in the family and school life. Children look to parents and Educators to gain an understanding of a situation and find appropriate ways to deal with it.

In the event of a traumatic event refer to 4.3 Serious Incident and Emergency Policy.

Collaborate with the family. This may include the following suggestions:

- Give the child facts about what happened and why. Ensuring you use age-appropriate language
- Allow the child to express how they feel and assist them in talking about their thoughts and feelings. This will help Educators to gauge if the child understands what has actually happened or if they have another interpretation
- Tell them how you are feeling without overloading them with details. Explain how adults can react to traumatic situations
- Keep to regular routines and activities
- Remember children's distress reactions are usually short-lived
- *Every child responds differently, and these reactions change with age.*

4.9.10 Common reactions to trauma

Common reactions include physical reactions. Children often react to distressing or frightening events in physical ways:

- Sleep problems such as not wanting to go to bed at night or difficulties getting to sleep, staying asleep, staying in their own bed, and nightmares
- Changes in eating habits
- Going back to behaviours from earlier developmental stages
- Becoming more clingy, demanding or difficult
- Fear at being separated from their parents or educators

- Changes in their relationships with siblings, such as becoming more competitive or aggressive
- Needing to re-live the trauma, eg. drawing pictures of it or acting it out
- Physical ailments such as headaches and stomach aches
- Not wanting to go to school
- Behavioural problems
- Drop-in academic performance
- Becoming withdrawn

4.9.11 When to seek professional help:

- The family is finding it difficult to cope with the impact and flow-on-effects of the event
- The child's reactions and behaviours do not settle in a couple of weeks or become worse
- You are worried about the child or their wellbeing
- You are finding it a struggle to manage your reactions to the situation with the child, the family or yourself.

4.9.12 Where to get help:

- Doctor
- Counsellor
- Local Community Health Centre
- Lifeline 13 11 14
- Parentline 13 22 89

Review

	Date	Details
Revision 00	07/2015	Original Policy Issued
Revision 01	12/2016	Reviewed
Revision 02	08/2017	Reviewed
Revision 03	10/2020	Reviewed and separated from Policy

My Place Family Day Care
4.9 Incident, Injury, Illness and Trauma Procedure

Related Documents

Policies

4.2 Incident, Injury, Illness and Trauma Policy

Forms

Incident, Injury, Illness, Trauma Record

Reference

Refer to 4.2 Incident, Injury, Illness and Trauma Policy