

Mallee Track Health and Community Service

Title: Incident, Injury, Trauma And Illness Policy

Manual: Early Years Services

Scope: This policy applies to the Approved Provider, Nominated Supervisor, Person in Day to Day Charge, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities at MTHCS Early Years Services, including during offsite excursions and activities.

Responsible Position: Director of Community Services

1. STATEMENT

People responsible for managing early childhood services and caring for children have a duty of care towards those children. All service staff have a responsibility and a duty of care to act to prevent accidents and emergencies at the service.

An approved service must have policies and procedures in place in the event that a child is injured, becomes ill or suffers trauma. These procedures should be followed and must include the requirement that a parent/guardian be notified in the event of an incident, injury, illness or trauma relating to their child as soon as possible and within 24 hours of the occurrence.

The National Regulations require an accurate Incident, Injury, Trauma and Illness Record to be kept and stored confidentially until the child is 25 years old (Regulation 183(2)).

Under the National Legislation, each service must ensure that an entry is recorded in the Incident, Injury, Trauma and Illness Record for the following occurrences:

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

2. OBJECTIVES: This policy will define the:

- Procedures to be followed if a person is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma.
- Responsibilities of staff, parents/guardians and the Approved Provider when a person is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma.
- Practices to be followed to reduce the risk of an incident occurring at the service.

MTHCS Early Years Services are committed to:

- Providing a safe and healthy environment for all children, staff, volunteers, students on placement and any other persons participating in or visiting the service.
- Responding to the needs of an injured, ill or traumatised person at the service.
- Preventing injuries and trauma.
- Preventing the spread of illness through simple hygiene practices, monitoring immunisation records and complying with recommended exclusion guidelines.
- Maintaining a duty of care to children and users of the MTHCS Early Years Services.

3. RESPONSIBILITIES

3.1 The Approved Provider are responsible for:

- Ensuring that the premises are kept clean and in good repair.
- Ensuring that staff have access to medication, Incident, Injury, Trauma and Illness forms (available from ACECQA – refer to References) and WorkSafe Victoria incident report/online notification forms (refer to References).

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- Ensuring that the service has an Occupational Health and Safety Policy, and procedures that outline the process for effectively identifying, managing and reviewing risks and hazards that are likely to cause injury, and reporting notifiable incidents to appropriate authorities (refer to the Early Years [Occupational Health and Safety Policy](#)).
- Ensuring that completed medication records are kept until the end of 3 years after the child's last attendance
- Ensuring that a parent/guardian of the child is notified as soon as is practicable, but not later than 24 hours after the occurrence, if the child is involved in any incident, injury, trauma or illness while at the service
- Ensuring that Incident, Injury, Trauma and Illness Records are kept and stored securely until the child is 25 years old (Regulations 87, 183).
- Ensuring all educators on premises have completed the mandatory requirements of First Aid, Anaphylaxis and Asthma training including CPR and EpiPen updates annually.
- Ensuring that there are an appropriate number of up-to-date, fully equipped first aid kits that are accessible at all times (refer to [Administration of First Aid Policy](#)).
- Ensuring that the orientation and induction of new and relief staff include an overview of their responsibilities in the event of an incident or medical emergency.
- Ensuring that children's enrolment forms provide authorisation for the service to seek emergency medical treatment by a medical practitioner, Hospital or Ambulance service.
- Ensuring that an incident report (SI01) is completed for serious notifications and a copy forwarded to the appropriate regional DET office as soon as is practicable but not later than 24 hours after the occurrence.
- Ensuring all educators are familiar with their centre's Emergency Management Plan (on Prompt).

3.2 The Nominated Supervisor, Persons in Day to Day Charge, other educators and staff are responsible for:

- Ensuring that volunteers and parents on duty are aware of children's medical management plans (refer to Definitions) and their responsibilities in the event of an incident, injury or medical emergency.
- Responding immediately to any incident, injury or medical emergency.
- Implementing individual children's medical management plans, where relevant.
- Parents are to be notified as soon as possible after the incident for Code Red and Code Amber incidents.
- Requesting the parents/guardians make arrangements for the child or children involved in an incident or medical emergency or who are showing symptoms of being ill to be collected from the service, or informing parents/guardians if an Ambulance has been called.
- Notifying other person/s as authorised on the child's Enrolment Form when the parents/guardians are not contactable.
- Recording details of any incident, injury or illness in the Incident, Injury, Trauma and Illness Record (refer to Definitions) as soon as is practicable but not later than 24 hours after the occurrence.
- Ensuring that regulatory and legislative responsibilities are met in relation to any incident, injury or medical emergency.
- Maintaining all enrolment and other medical records in a confidential manner (refer to the Early Years [Privacy and Confidentiality Policy](#)).

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- Regularly checking equipment 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.
- Assisting the Approved Provider with regular hazard inspections (refer to Early Years Services - [Hazard Identification Checklist](#)).
- Reviewing the cause of any incident, injury or illness and taking appropriate action to remove the cause if required, for example, removing a nail found protruding from climbing equipment or retraining staff to adhere more closely to the service's [Hygiene Policy](#).
- Notifying DET in writing within 24 hours of an incident involving the death of a child, or any incident, illness or trauma that requires treatment by a registered medical practitioner or admission to a Hospital.
- Ensuring that the following contact numbers are displayed in close proximity of each telephone:
 - 000 (triple zero)
 - DET regional office
 - Approved Provider
 - Asthma Victoria: (03) 9326 7055 or toll free 1800 645 130
 - Poisons Information Centre Victoria: 13 11 26
 - Local Council or Shire

3.3 Parents/Guardians are responsible for:

- Providing authorisation in their child's enrolment record for the service to seek emergency medical treatment by a medical practitioner, Hospital or Ambulance service (Regulation 161(1)).
- Payment of all costs incurred when an Ambulance service is called to attend to their child at the service.
- Notifying the service of any changes to personal details (e.g. contact number, email address, residential address, change of name, etc.).
- Notifying the service, upon enrolment or diagnosis, of any medical conditions and/or needs, and any management procedure to be followed with respect to that condition or need (Regulation 162).
- Ensuring that they provide the service with a current medical management plan, if applicable (Regulation 162(d)).
- Collecting their child **if required** within 10 - 30 minutes* when notified of an incident, injury or medical emergency involving their child.
 *This time frame is dependent on the severity and nature of the incident, injury or medical emergency. Severity will be determined by the Nominated Supervisor or person in charge.
- Notifying staff when they are going to be out of town or more than 30 minutes away.
- Informing the service of an infectious disease or illness that has been identified while the child has not attended the service, and that may impact on the health and wellbeing of other children, staff and parents/guardians attending the service.
- Being contactable, either directly or through emergency contacts listed on the child's enrolment form, in the event of an incident requiring medical attention.
- Signing the Incident, Injury, Trauma and Illness Record, thereby acknowledging that they have been made aware of the incident.
- Notifying the service by telephone text or email when their child will be absent from their regular program and why.

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- Notifying staff/educators if there is a change in the condition of their child's health, or if there have been any recent accidents or incidents that may impact on the child's care e.g. any bruising or head injuries.
- Informing educators if their child has been given Paracetamol, Nurofen or other medications on that day prior to attending the service.

4. DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms, e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the [Glossary of Terms – Early Years](#).

Incident, Injury, Trauma, Illness - Code Green classification:

- Incident/injury/trauma that is age and stage with development of language and social skills where:
 - A child is intentionally hurt by another child such as being bitten, hit, kicked, hit with an object, pinched leaving a red mark etc.
 - A child intentionally hurts another child i.e. biting, kicking, hitting with an object etc.
- Incident/injury/trauma that was a result of using an object or tool as a part of programming resources e.g. bike, tape dispenser, hammer, rope, scissors etc.
- A fall or trip when running or walking resulting in a minor graze.
- Incident/injury/trauma with scratch, graze, small bruise.
- Incident/injury/trauma with blood that can be wiped away with a wet cloth (minimum blood loss).
- Incident/injury/trauma that requires a cold cloth/compress or a band aid only.
- Incident/injury/trauma that are unwitnessed or cause not known but staff can be accounted for.
- Anytime a parent or authorised person is contacted to be informed regarding an incident, injury, trauma or illness.
- Illness that requires medication.

EYPL or EYM can reclassify incidents upon undertaking incident investigation.

Code green incidents are not to be entered into MTHCS Incident management system - VHIMS. These incidents are to be entered into Early Years Incident Report register.

Incident, Injury, Trauma, Illness – Code Amber classification:

- A fall from 1 metre and above in height.
- A head or facial injury with instant bruising or swelling.
- Incident/injury/trauma of a cut or wound with the need to apply pressure for a short amount of time to stop blood loss (medium blood loss).
- Incident/injury/trauma that are unwitnessed or cause not known but staff cannot be accounted for.
- Any Incident/injury/trauma/illness to the eyes.
- Any movement or injury to the teeth.
- Incident/injury/trauma/illness as a result from not following child's Medical Action Plan or Medical Conditions and Health Care Needs Management Plan.
- Incident/injury/trauma that resulted from something that could have been prevented or minimised.
- Incident/injury/trauma/illness that resulted in a child not returning for their next scheduled booking.
- Incident/injury/trauma that could have an impact on the child's physical or emotional development in the future.

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- Incident/injury/trauma that results in a [Maintenance Request](#) being generated.
- Anytime a parent or authorised person is contacted to collect child regarding an incident, injury, trauma or illness.
- To be entered into VHIMS.

Incident, Injury, Trauma, Illness - Code Red classification:

- Anything deemed a Serious Notifications (see Definitions).
- Anything where Approved Provider is to be notified.
- Anything where DET and ACECQA are to be notified.
- To be entered onto VHIMS.

Emergency Services: Includes Ambulance, Fire Brigade, Police and State Emergency Service.

First Aid: The provision of initial care in response to an illness or injury. It generally consists of a series of techniques to preserve life, protect a person (particularly if unconscious), prevent a condition worsening and promote recovery. First aid training should be delivered by approved first aid providers, and a list is published on the ACECQA website: <https://www.acecqa.gov.au/qualifications/requirements/first-aid-qualifications-training>.

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.

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

Incident, Injury, Trauma and Illness Record: The Approved Provider must ensure an Incident, Injury, Trauma and Illness Record is kept in accordance with Regulation 87 of the Education and Care Services National Regulations 2011. A sample is available on the ACECQA website at: <https://www.acecqa.gov.au/resources/applications/sample-forms-and-templates>.

Injury: Any physical damage to the body caused by violence or an incident.

Medication: Any substance, as defined in the Therapeutic Goods Act 1989 (Cth), that is administered for the treatment of an illness or medical condition.

Medical Management Plan: A document that has been prepared and signed by a doctor that describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition, and includes the child's name and a photograph of the child. An example of this is the Australasian Society of Clinical Immunology and Allergy (ASCI) action plan for anaphylaxis.

Medical Attention: Includes a visit to a registered medical practitioner or attendance at a hospital.

Medical Emergency: An injury or illness that is acute and poses an immediate risk to a person's life or long-term health.

Medical Certificate: a certificate from a doctor confirming the state of someone's health.

Minor Incident: An incident that results in an injury that is small and does not require medical attention.

Notifiable Incident: An incident involving workplace health and safety that is required by law to be reported to WorkSafe Victoria. Notification is required for incidents that result in death or serious injury/illness, or dangerous occurrences. For a complete list of incidents that must be reported to WorkSafe Victoria, refer to the Guide to Incident Notification on the WorkSafe Victoria website. This website also contains online reporting forms: www.worksafe.vic.gov.au. Staff are to complete an incident report form in triplicate. Two copies are to go to the Early Years Manager and one copy is to be filed on site. Forms are available in each workplace.

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Serious Incident: An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed or taken from the service in contravention of the regulations or is mistakenly locked in/out of the service premises (Regulation 12).

Trauma: An emotional wound or shock that often has long-lasting effects or any physical damage to the body caused by violence or an incident.

VHIMS: The Victorian Health Incident Management System (VHIMS) is a standardised dataset for the collection and classification of clinical incidents, occupational health and safety incidents, hazards and consumer feedback. VHIMS was established in 2009 by the Department of Health and Human Services (the Department). It is coordinated by the Victorian Agency for Health Information in collaboration with the Department, Safer Care Victoria and, importantly, Victorian health services. Incident reporting is important in ensuring that everyone has an accurate picture of where concerns are and where we're getting it right. Incident and feedback information collected in VHIMS helps to drive local and statewide improvements in quality, safety and experience.

5. PROCEDURE

5.1 Medical emergencies may include serious health issues such as Asthma, Anaphylaxis, Diabetes, fractures, choking and seizures. Such emergencies generally involve only one child, however they can affect everyone in the children's service. In some cases it will be appropriate to refer to specific policies for guidance, such as the [Dealing with Medical Conditions Policy](#), [Asthma Policy](#), [Anaphylaxis Policy](#), [Diabetes Policy](#) and [Epilepsy Policy](#).

When there is a medical emergency, educators will:

- Call an Ambulance, where necessary.
- Administer first aid, and provide care and comfort to the child prior to the parents/guardians or Ambulance arriving.
- Implement the child's current medical management plan, where appropriate.
- Notify parents/guardians as soon as is practicable of any serious medical emergency, and request the parents/guardians make arrangements for the child to be collected from the service and/or inform the parents/guardians that an Ambulance has been called.
- Notify other person/s as authorised on the child's enrolment form, if the parents/guardians are not contactable after 5 – 30 minutes*.
*Time frame depends on the severity of the medical emergency. Severity will be determined by the person in charge.
- Ensure ongoing supervision of all children in attendance at the service.
- Accompany the child in the Ambulance when the parents/guardians are not present, provided that staff-to-child ratios can be maintained at the service.
- Notify the Approved Provider of the medical emergency, incident or injury as soon as is practicable.
- Complete and submit an incident report to DET, the Approved Provider and the service's public liability insurer following a serious incident.

5.2 Incidents happen in the care/work environment that are accidental or behavioural in nature despite adequate supervision and risk management measures.

When there is an incident, educators will:

- Call an Ambulance, where necessary.
- Administer first aid, and provide care and comfort to the child/staff member.

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- Notify parents/guardians as soon as is practicable of any serious incident or injury concerning the child, and request the parents/guardians make arrangements for the child to be collected from the service and/or inform the parents/guardians that an Ambulance has been called.
- Notify other person/s as authorised on the child's enrolment form, if the parents/guardians are not contactable after 5 – 30 minutes*.
*Time frame depends on the severity of the incident. Severity will be determined by the person in charge.
- Ensure ongoing supervision of all children in attendance at the service.
- Accompany the child in the Ambulance when the parents/guardians are not present, provided that staff-to-child ratios can be maintained at the service.
- Notify the Approved Provider of serious incident or injury as soon as is practicable.
- Complete and submit an incident report to relevant authority, the Approved Provider and the service's public liability insurer following a serious incident.
- For minor incidents that do not require attention of medical practitioner, parents/guardians should be notified if it is a head injury, nasty graze, fall or bite with bruising as soon as able to do so.

5.3

Illness:

Educators are not medical professionals and aim to protect the health of other children at the service, educators, families using the service and wider community.

Symptoms of illness may include:

- Vomiting and/or diarrhoea (48hr exclusion).
- High temperature (24hr exclusion).
- Child reporting discomfort.
- Undiagnosed rash/skin welts, itchy skin (24hr exclusion and medical clearance required if rash still present after 24hours).
- **Conjunctivitis or discharge with redness, itchiness or puffiness of eyes (Exclusion until discharge ceases or medical clearance require if child returning before discharge cease).**
- Scratching head.
- Chesty cough and thick mucus coming from their nose.
- Lethargic and unwell.

When a child develops symptoms of vomiting or diarrhoea while at the service, educators will:

- Ensure that the Nominated Supervisor, or person in day-to-day care of the service, contacts the parents/guardians for the child as a courtesy upon **first case** of vomiting or diarrhoea to outline the signs and symptoms observed and implement the necessary plan.
- Ensure that the Nominated Supervisor, or person in day-to-day care of the service, contacts the parents/guardians for the child upon **second case** of vomiting or diarrhoea to request that the child be collected.
- Wait 5 – 30 minutes* before notifying or requesting pick up by authorised emergency contact if parents/guardians are unable to be contacted.
*Time frame depends on severity of illness. Severity to be determined by person in charge.
- Ensure that they separate the child from the group and have a staff member remain with the child until the child recovers, a parent/guardian arrives or another responsible person takes charge IF safe ratios are able to be maintained.

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- Call an Ambulance (refer to definition of medical emergency) if a child appears very unwell or has a serious injury that needs urgent medical attention.
- Ensure that the child is returned to the care of the parent/guardian or authorised emergency contact person as soon as is practicable.
- Ensure that, where medication, medical or dental treatment is obtained, the parents/guardians are notified as soon as is practicable and within 24 hours, and are provided with details of the illness and subsequent treatment administered to the child.
- Ensure that the Approved Provider is notified of the incident.
- Ensure that the [Incident, Injury, Trauma and Illness Record](#) is completed as soon as is practicable and within 24 hours of the occurrence.
- Ensure that the [Record of All Illness](#) in the Children’s Centre is completed for all illnesses occurring at the centre.

When a child develops symptoms of high temperature while at the service, educators will:

- Take and document the child’s temperature of their left temple, right temple and middle forehead if a high temperature is suspected. If all three readings are different – go with the highest reading.
- Contact parents/guardians as a courtesy if child has a temperature between 37.5°C – 37.9°C. Describe symptoms.
- Wait for 10 minutes and then retake temperature if the first reading is between 37.5°C - 37.9°C.
- Contact parents/guardians to request that the child is collected from the service if temperature reaches 38°C or above and notify parent of 24 hour exclusion period.
- Wait 5 – 30 minutes* before notifying or requesting pick up by authorised emergency contact if parents/guardians are unable to be contacted.
*Time frame depends on severity of illness. Severity to be determined by person in charge.
- Ensure that they separate the child from the group if temperature reaches 38°C or above and have a staff member remain with the child until the child recovers, a parent/guardian arrives or another responsible person takes charge (IF safe ratios are able to be maintained).
- Call an Ambulance (refer to definition of medical emergency) if a child appears very unwell or has a serious injury that needs urgent medical attention.
- Ensure that the child is returned to the care of the parent/guardian or authorised emergency contact person as soon as is practicable.
- Ensure that, where medication, medical or dental treatment is obtained, the parents/guardians are notified as soon as is practicable and within 24 hours, and are provided with details of the illness and subsequent treatment administered to the child.
- Ensure that the Approved Provider is notified of the incident.
- Ensure that the [Incident, Injury, Trauma and Illness Record](#) is completed as soon as is practicable and within 24 hours of the occurrence.
- Ensure that the [Record of All Illness](#) in the Children’s Centre is completed for all illnesses occurring at the centre.

When a child develops symptoms of undiagnosed rash while at the service, educators will:

- Ensure that the Nominated Supervisor, or person in day-to-day care of the service, contacts the parents/guardians for the child to request that the child is collected from the service.

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- Wait 5 – 30 minutes* before contacting and requesting pick up by authorised emergency contact if parents/guardians are unable to be contacted.
*Time frame depends on severity of illness. Severity to be determined by person in charge.
- ***Inform the parents/guardians or authorised emergency contact that if the rash is still present after 24 hours, before the child can return to care, the child will need to be seen by a Doctor or Nurse Practitioner to obtain a current medical certificate that states the rash is not contagious and the child is fit to return to care.***
- Ensure that they separate the child from the group and have a staff member remain with the child until the child recovers, a parent/guardian arrives or another responsible person takes charge IF safe ratios are able to be maintained.
- Call an Ambulance (refer to definition of medical emergency) if a child appears very unwell or has a serious injury that needs urgent medical attention.
- Ensure that the child is returned to the care of the parent/guardian or authorised emergency contact person as soon as is practicable.
- Ensure that, where medication, medical or dental treatment is obtained, the parents/guardians are notified as soon as is practicable and within 24 hours, and are provided with details of the illness and subsequent treatment administered to the child.
- Ensure that the Approved Provider is notified of the incident.
- Ensure that the [Incident, Injury, Trauma and Illness Record](#) is completed as soon as is practicable and within 24 hours of the occurrence.
- Ensure that the [Record of All Illness](#) in the Children’s Centre is completed for all illnesses occurring at the centre.

When a child develops symptoms of Conjunctivitis while at the service, educators will:

- Wipe the child’s eyes clean and closely monitor.
- If symptoms persist, ensure that the Nominated Supervisor, or person in day-to-day care of the service, contacts the parents/guardians for the child to request that the child is collected from the service.
- Wait 5 – 30 minutes* before contacting and requesting pick up by authorised emergency contact if parents/guardians are unable to be contacted.
*Time frame depends on severity of illness. Severity to be determined by person in charge.
- Ensure that they separate the child from the group and have a staff member remain with the child until the child recovers, a parent/guardian arrives or another responsible person takes charge IF safe ratios are able to be maintained.
- Notify parent/guardian or authorised emergency contact that the child must be excluded from the service until discharge from the eyes has ceased.
- ***Notify parent/guardian or authorised emergency contact that if the child is returning before discharge has ceased or under the belief that the child does not have conjunctivitis, the child needs to be seen by a Doctor or Nurse Practitioner to obtain a current medical certificate that states the child is not infection and is fit to return to care.***
- Call an Ambulance (refer to definition of medical emergency) if a child appears very unwell or has a serious injury that needs urgent medical attention.
- Ensure that the child is returned to the care of the parent/guardian or authorised emergency contact person as soon as is practicable.
- Ensure that, where medication, medical or dental treatment is obtained, the parents/guardians are notified as soon as is practicable and within 24 hours, and are provided with details of the illness and subsequent treatment administered to the child.

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- Ensure that the Approved Provider is notified of the incident.
- Ensure that the [Incident, Injury, Trauma and Illness Record](#) is completed as soon as is practicable and within 24 hours of the occurrence.
- Ensure that the [Record of All Illness](#) in the Children’s Centre is completed for all illnesses occurring at the centre.

When a child develops symptoms of scratching head while at the service, educators will:

- Inspect the child’s hair for any signs of head lice.
- If signs of head lice are identified, ensure that the Nominated Supervisor, or person in day-to-day care of the service, contacts the parents/guardians for the child to request that the child is collected from the service.
- Wait 5 – 30 minutes* before contacting and requesting pick up by authorised emergency contact if parents/guardians are unable to be contacted.
*Time frame depends on severity of illness. Severity to be determined by person in charge.
- Notify parent/guardian or authorised emergency contact that the child must be excluded until the day AFTER appropriate head lice treatment has commenced.

When a child develops symptoms of green runny nose* while at the service, educators will:

*in conjunction with other symptoms including: chesty cough, pale and/or clammy skin, dark circles under eyes, lethargic, unsettled or withdrawn.

- Ensure that the Nominated Supervisor, or person in day-to-day care of the service refuses attendance of the child if any of the above symptoms are present upon arrival.
- Ensure that the Nominated Supervisor, or person in day-to-day care of the service contacts parents/guardians of the child to collect the child from the service.
- Wait 5 – 30 minutes* before contacting and requesting pick up by authorised emergency contact if parents/guardians are unable to be contacted.
*Time frame depends on severity of illness. Severity to be determined by person in charge.
- Notify parent/guardian or authorised emergency contact that the child must be excluded until the child is visibly well (WITHOUT the use of medication).
- Call an Ambulance (refer to definition of medical emergency) if a child appears very unwell or has a serious injury that needs urgent medical attention
- Ensure that the child is returned to the care of the parent/guardian or authorised emergency contact person as soon as is practicable.
- Ensure that, where medication, medical or dental treatment is obtained, the parents/guardians are notified as soon as is practicable and within 24 hours, and are provided with details of the illness and subsequent treatment administered to the child.
- Ensure that the Approved Provider is notified of the incident.
- Ensure that the [Incident, Injury, Trauma and Illness Record](#) is completed as soon as is practicable and within 24 hours of the occurrence.
- Ensure that the [Record of All Illness](#) in the Children’s Centre is completed for all illnesses occurring at the centre.

When a child develops symptoms of general discomfort while at the service, educators will:

- Check the child’s temperature as per temperature procedure.
- Monitor the child closely for 30 minutes.

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- If no improvement after 30 minutes, ensure that the Nominated Supervisor, or person in day-to-day care of the service contacts parents/guardians of the child to describe symptoms and request that they collect the child from the service.
- Wait 5 – 30 minutes* before contacting and requesting pick up by authorised emergency contact if parents/guardians are unable to be contacted.
*Time frame depends on severity of illness. Severity to be determined by person in charge.
- Call an Ambulance (refer to definition of medical emergency) if a child appears very unwell or has a serious injury that needs urgent medical attention.
- Ensure that the child is returned to the care of the parent/guardian or authorised emergency contact person as soon as is practicable.
- Ensure that, where medication, medical or dental treatment is obtained, the parents/guardians are notified as soon as is practicable and within 24 hours, and are provided with details of the illness and subsequent treatment administered to the child.
- Ensure that the Approved Provider is notified of the incident.
- Ensure that the [Incident, Injury, Trauma and Illness Record](#) is completed as soon as is practicable and within 24 hours of the occurrence.
- Ensure that the [Record of All Illness](#) in the Children’s Centre is completed for all illnesses occurring at the centre.

5.4

Common illnesses - exclusion periods

Symptoms	Exclusion Period	Other Requirements
Vomiting and / or diarrhea	48 hours	48 hour exclusion period begins from the child’s last bout of vomiting and/or diarrhea
High Temperature	24 hours	24 hour exclusion period begins from when the child’s temperature has stabilized without the aid of medication
Undiagnosed rash	24 hours	If rash persists for more than 24 hours, the child is required to be seen by a Doctor and provided with a relevant medical certificate stating that <i>the rash is not contagious and child is fit to return to care</i>
Conjunctivitis	Until discharge has ceased	If returning before discharge has ceased, the child is required to be seen by a Doctor and provided with a current medical certificate stating that <i>the child is not infectious and is fit to return to care</i>
Scratching Head (head lice)	Until day after treatment has commenced	Complete treatment as per instructions on packaging
Green runny nose in conjunction with other symptoms including: chest cough, pale and/or clammy skin, dark circles under eyes, lethargic, unsettled or withdrawn	Until child is visibly well	Child needs to be visibly well without the aid of medication Covid-19 test is recommended

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5.5	<p>Educator completes report form each time there is an incident/illness in relation to a child, an injury received by a child or trauma to which a child has been subjected or an illness becomes apparent, ensuring all necessary sections are complete. All information will be included in the Incident, Injury, Trauma and Illness Record as soon as is practicable, but not later than 24 hours after the incident, injury or trauma, or the onset of the illness.</p> <p>Staff are to notify parents and ensure documentation is signed by parent/guardian and completed in full.</p>
5.6	<p>Nominated Supervisor, Persons in Day to Day Charge reviews the incident/documentation classify the incident/illness as Green, Amber or Red and undertakes an investigation of the incident and documents findings and recommendations in the additional notes section.</p> <p>Code red incidents are to be reported to the Approved provider on the day the incident occurred to support reporting to the department within the 24 hour time frame.</p> <p>If the parent did not sign the documentation on the day that the incident, injury, trauma or illness occurred, the nominated supervisor or persons in day to day charge will contact the parent/guardian via phone call, text or email to notify them that they will need to sign the documentation next time they attend the service</p>
5.7	<p>Incident Form is to be handed/scanned to the Early Years Administration at the earliest convenience. Original is kept onsite at the service where the incident occurred in the child's individual enrolment folder. A copy of completed incident reports are to be filed into the child's enrolment file in Early Years Administration office and <i>kept until the child is aged 25 years.</i></p>
5.8	<p>Early Years office log the incident into the Early Years Incident Register: F:\Mallee Minors\Incident Register</p>
5.9	<p>A copy of Amber and Red incidents are sent to Director of Community Services who forwards onto Ward Clerk at Ouyen Campus where it is entered into VHIMS. Amber and Red incidents are reported on at the MTHCS OH&S Committee and reviewed as needed.</p>
5.10	<p>All incidents are reviewed by Early Years Management team and further investigation of incidents undertaken as required.</p>
5.11	<p>Early Years Management team review Early Years Incident register on a regular basis to analyse trends and provide feedback to staff and at staff team meetings as needed to support continuous improvement.</p>
6.	<p>SERIOUS NOTIFICATION:</p> <p>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.</p> <p>Educational/Room leader is to notify the approved provider as soon as practicable to determine who is to notify the appropriate department within 24 hours and ensure reporting requirements are undertaken. (Regulation 176(2) (a)). Records are required to be retained for the periods specified in Regulation 183.</p>

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MTHCS Services under National regulations (Ouyen, Manangatang and Sea Lake Preschools) are to report serious incidents using the NQAITS system [NQA ITS portal](#). Log in details are required to do this.

Services under the Children’s Services Act 1996, Children’s Services Regulations 2020 are to

1. **Phone licenced children’s service on 1300 307 415 and complete the serious incident notification form found at:**
<https://www.education.vic.gov.au/Documents/childhood/providers/regulation/vcsincidentform.pdf> and emailed to Licensed Children's Services at:
licensed.childrens.services@education.vic.gov.au
2. **Send incident reported to Department Education Skills and Employment DESE within 24 hours. Staff are to email a copy of the vcs incident form to DESE (CCCF R Funding Agreement Manager) at this email address**
CCCFRestricted@dese.gov.au

7. FIRST AID KITS

- First aid kits are readily available at each service and within all MTHCS vehicles. Kits are clearly labelled, sealed up and kept out of reach of children.
- First aid kits are identified with signage and contents regularly audited as per the MTHCS first aid kit register. At a minimum kits are to be audited on a quarterly basis. Nominated supervisor/primary nominee is responsible for maintenance and replenishment of the kit.
- Contents of the kit are available on the First Aid Kit audit form and all kits are registered centrally and audited/restocked on a regular basis as per the organisational procedure.
- MTHCS does not stock Paracetamol within first aid kits.
- First Aids kits are available for staff and children’s needs.
- Sunscreen and water is provided by the service.
- A first aid bag is taken on all outings.
- All staff have first aid course update annually in January.

8. EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider of the Early Years Services will:

- Regularly seek feedback from everyone affected by the policy regarding its effectiveness.
- Monitor the implementation, compliance, complaints and incidents in relation to this policy.
- Review and analyse information gathered from the Incident, Injury, Trauma and Illness Record and staff first aid records regarding incidents at the service.
- Keep the policy up to date with current legislation, research, policy and best practice.
- Revise the policy and procedures as part of the service’s policy review cycle, or as required.
- Notify Nominated Supervisor, parents/guardians at least 14 days before making any changes to this policy or its procedures.

Forms & Records: [First Aid Kit Audit](#)

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[First Aid Kit Contents](#)
[Hazard Identification Checklist](#)
[Illness Policy Thank You](#)
 Incident Report Register
[Incident, Injury, Trauma, Illness Record](#)
[Maintenance External Inspection Each Term](#)
[Maintenance Internal Inspection Each Term](#)
[Record of All Illness](#)
[Safety Checklist Daily Inspection](#)
[Schedule for Review of Safety and Maintenance](#)

Related MTHCS Policy / Procedure:

[Administration of First Aid Policy](#)
[Administration of Medication Policy](#)
[Anaphylaxis Policy](#)
[Asthma Policy](#)
[Child Safe Environment Policy](#)
[Dealing with Infectious Diseases Policy](#)
[Dealing with Medical Conditions Policy](#)
[Diabetes Policy](#)
[Emergency and Evacuation Policy](#)
[Epilepsy Policy](#)
[Excursions and Service Events Policy](#)
[First Aid Kit Procedure](#)
[Hygiene Policy](#)
[Occupational Health and Safety Policy – Early Years](#)
[Privacy and Confidentiality Policy – Early Years](#)
[Road Safety Education and Safe Transport Policy](#)
[Taking a Body Temperature Using a Non-touch Infrared Thermometer Work Instruction](#)

References:

Child Care Provider Handbook
 Victorian Early Years Learning Development Framework
 Early Years Learning Development Framework
 ACECQA sample forms and templates:
<https://www.acecqa.gov.au/resources/applications/sample-forms-and-templates>
 Building Code of Australia:
<https://www.abcb.gov.au/Connect/Categories/National-Construction-Code>
 Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition, 2013) National Health and Medical Research Council: <https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services>
 VMIA Insurance Guide, Community Service Organisations program:
www.vmia.vic.gov.au
 WorkSafe Victoria: Guide to Incident Notification:
<http://www.worksafe.vic.gov.au/forms-and-publications/forms-and-publications/guide-to-incident-notification>

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	<p>WorkSafe Victoria: Online notification forms: http://www.worksafe.vic.gov.au/safety-and-prevention/health-and-safety-topics/incident-notification</p> <p>The Commission for Children and Young People: https://ccyp.vic.gov.au/https://www2.health.vic.gov.au/public-health/infectious-diseases/disease-information-advice</p>
<p>Legislation:</p>	<p>Relevant legislation include but are not limited to:</p> <p>Child Wellbeing and Safety Act 2005 (Vic) Children, Youth and Families Act 2005 (Vic) Children’s Services Act 1996 Children’s Services Regulations 2020 Education and Care Services National Law Act 2010 Education and Care Services National Regulations 2011 Family Law Act 1975 (Cth), as amended 2011 Occupational Health and Safety Act 2004 (Vic) Occupational Health and Safety Regulations 2007 Public Health and Wellbeing Act 2008 (Vic) Public Health and Wellbeing Regulations 2009 (Vic) Therapeutic Goods Act 1989 (Cth) WorkSafe Victoria Compliance Code: First aid in the workplace (2008)</p> <p>The most current amendments to listed legislation can be found at: Victorian Legislation – Victorian Law Today: http://www.legislation.vic.gov.au/ Commonwealth Legislation – ComLaw: http://www.comlaw.gov.au/</p>
<p>Standards:</p>	<p>Relevant standards include but are not limited to:</p> <p>National Quality Standard, QA 2, 3 & 7 ISO 9001:2015 – 8.5, 7.5.3 Australian Standards AS3745–2002 - Emergency control procedures for buildings, structures and workplaces</p>