

POLICY/PROCEDURE NAME & REVIEW PROCESS	INCIDENT INJURY TRAUMA and ILLNESS POLICY This policy and procedure has been created to provide all stakeholders with clear guidelines and transparency to our practices and procedures. We welcome feedback and input from all stakeholders at any time and this policy is subject to review based on feedback or due date of annual review.
NATIONAL QUALITY STANDARD	QUALITY AREA 2- CHILDREN'S HEALTH AND SAFETY 2.2 Safety 2.2.1 – Supervision 2.2.2 – Incident and Emergency Management 2.2.3 – Child protection
NATIONAL LAW AND REGULATIONS	85- Incident, injury, trauma and illness policies and procedures 86- Notification to parents of incident, injury, trauma, and illness 87- Incident, injury, trauma, and illness record 89- First aid kits 95- Procedure for administration of medication 103- Premises, furniture, and equipment to be safe, clean and in good repair 168-Education and care service must have policies and procedure 170-Policies and procedures to be followed 171-Policies and procedures to be kept available 172- Notification of change to policies or procedures 177- Prescribed enrolment and other documents to be kept by approved provider 183- Storage of records and other documents Section 165- Offence to inadequately supervise children
RELATED POLICIES and RECORDS	<ul style="list-style-type: none"> Child safety policy Close record Cot safety record Incident injury trauma and illness record Illness observation record Open record Risk assessment record Surface temperature check record Temperature and panadol record Water safety policy
SCOPE OF POLICY	This policy applies to all children, educators, staff, families, management, students, volunteers, and visitors at our service.
AIM OF POLICY	To ensure that our service has strong guidelines, procedures, and practices in place regarding incident injury trauma and illness by providing a safe and healthy environment for all children, staff and visitors to the service. The service aim is to respond promptly to the needs of an injured, ill, or traumatised child. Provide strong preventative measures to avoid injuries and trauma. Minimise the spread of illness through simple hygiene practices and monitoring immunisation records whilst complying with recommended exclusion guidelines. Our aim is to provide a clear policy, implement the policy, support practices relating to the policy, train staff regarding the policy and maintain and update the compliance of the policy for all our stakeholders.
SERVICE IMPLEMENTATION	A service must have policies and procedures in place in the event that a child is injured, becomes ill, or suffers trauma. This policy and procedure must be followed ensuring that a parent/guardian be notified in the event of an incident, injury, illness, or trauma relating to their child as soon as possible but within 24 hours of the occurrence. If the injury is above the shoulders – to the head the staff will inform Nominated supervisor/ responsible person immediately and staff will then notify parent/ guardian immediately. By understanding and identifying what is an incident, injury, trauma, and illness staff will be able to follow the below procedures and keep the service commitment to support the safety wellbeing and protection of all children who attend the service. Incident- Is described as any unplanned event resulting in or having potential for injury, ill health, damage, or other loss. There are more than one type of incident and depending on the severity of the incident will determine the procedure and the regulatory reporting process.

Policy Name	INCIDENT INJURY TRAUMA and ILLNESS POLICY			Policy Version	V.7
Owner	Fishbowl Service Support Pty Ltd				
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Service Support Within Reach	Warning -uncontrolled when printed. This document is current at the time of printing and may be subject to change without notice				

Injury- Any physical damage to the body caused by violence or an incident. The outcome of an incident.

Minor incident: An incident that results in an injury that is small and does not require medical attention. Usually, some minor first aid is all that is required but for any incident that occurs at the service it will be recorded on an **incident injury trauma and illness record** and inform the parent/guardian on pick up.

Notifiable incident: An incident involving workplace health and safety for staff 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. Victoria specific.

Serious Incident: For the purposes of the definition of serious incident in section 5(1) of the Law, each of the following is prescribed as a serious incident—

(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.

b) any incident involving serious injury or trauma to a child occurring while that child is being educated and cared for by an education and care service—

(i) which a reasonable person would consider required urgent medical attention from a registered medical practitioner; or

(ii) for which the child attended, or ought reasonably to have attended, a hospital.

Example.

A broken limb.

(c) any incident involving serious illness of a child occurring while that child is being educated and cared for by an education and care service for which the child attended, or ought reasonably to have attended, a hospital.

Example.

Severe asthma attack, seizure, or anaphylaxis reaction.

(d) any emergency for which emergency services attended.

(e) any circumstance where a child being educated and cared for by an education and care service—

(i) appears to be missing or cannot be accounted for; or

(ii) appears to have been taken or removed from the education and care service premises in a manner that contravenes these Regulations; or

(iii) is mistakenly locked in or locked out of the education and care service premises or any part of the premises. (Regulation 12-education and care services national regulation)

This is a reportable incident that should be documented in an **incident, injury, trauma, and illness record** as soon as possible and within 24 hours of the incident. The regulatory authority must be notified on the NQAITS portal within 24 hours of a serious incident occurring at the service.

Preventing incidents and injuries

- Staff will ensure that the environment is reviewed and assessed twice daily at a minimum to ensure that there are no hazards for children in the indoor or outdoor environment by completing and recording on **open and close** records.
- **Surface temperature check record** will be completed for all outdoor areas by staff prior to children accessing the playground,
- Nominated supervisor will have risk assessments in place where required for areas that may pose a risk to the health and safety of the children at the service.
- Nominated supervisor will monitor and ensure that correct staff ratios are always maintained through careful planning of rosters.
- Staff will promote realistic play limits and behaviour limits that guide children's safety and security rather than curb their play experiences, curiosity, or creativity.
- Staff will monitor risk and review practices around risk.
- Staff will actively supervise and when outdoors position themselves in areas that require constant supervision according to the supervision plans.
- Staff will follow all the practices and procedures relating to safe water play as in the **water safety policy**.
- Staff will supervise children appropriately.

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- Staff will position equipment on appropriate soft fall surfaces and will place safety mats under climbing equipment if no softfall is available.
- Staff will set up playgrounds appropriately keeping climbing equipment away from concrete walkways, poles corners of structures.
- Staff will check and remove choking hazards in areas where children under the age of three years are present (or any older child who regularly put items other than food in their mouth).
- Staff will ensure that no cords are accessible to children, in particular cords on blinds.
- Staff will ensure that all hazardous cleaning materials are stored in a locked cupboard out of reach of children.
- Staff will ensure that service cots are compliant with no paint peeling, working properly, opening and closing correctly, no visible damage and conduct monthly **cot safety record** checks.
- Staff will keep all electric cords out of reach of the children.
- Staff will teach children how to use playground equipment safely.
- Staff will ensure equipment, furniture and materials used by the children are appropriate for use and used in a safe manner.
- Children should be allowed to engage in risky play and staff will monitor and supervise at all times.

Determining the incident

- Children are often injured unintentionally during the normal course of the day. Many of these injuries, such as scrapes and bruises, are minor and only need simple first aid. Other injuries may be more serious and require urgent medical attention beyond the staff's capabilities.
- To establish whether an injury or illness requires more than general first aid the first step will be to advise the nominated supervisor and/ or a first aid qualified staff member so that they can assist with the assessment of the child. It is important to act quickly if a staff member believes that the injury is life threatening or there is a risk of permanent injury to the child.
- It is important to note that any injury that occurs above the neck must be alerted to nominated supervisor immediately, child must be monitored, and parents must be informed.

Serious incident procedure

- A staff member who is first aid qualified will assess the injury and decide whether the injured person needs an ambulance called and, in the interim, apply first aid.
- Staff will implement the child's current medical management plan, where appropriate.
- The nominated supervisor will be called immediately and will call an ambulance after assessing the situation if required.
- Staff will remove other children from the scene of the accident and keep them safe.
- Families or emergency contacts will be notified as soon as possible and if they are unable to attend the service in time nominated supervisor will provide them clear instructions as to where the child has been taken- hospital. Every effort must be made not to cause panic and to provide minimal detail regarding the extent of the injuries.
- Staff will ensure that disposable gloves are used with any contact with blood or bodily fluids.
- First aid staff member will stay with child until suitable help arrives, or further treatment provided.
- First aid staff will try to make the child comfortable and reassure them that they will be ok and that their family has been called.
- If an ambulance is required and the child is taken to hospital, a staff member will accompany the child and take the child's medical records with them if parents haven't arrived in time.
- Staff will ensure that all blood or bodily fluids are cleaned up in a safe manner.
- Staff will ensure that anyone who has come in contact with any blood or fluids washes their hands thoroughly in warm soapy water.
- An incident injury trauma and illness record will be completed as soon as child has been attended to or transported by ambulance.
- Nominated supervisor will advise approved provider and will collect supporting documentation and the approved provider or nominated supervisor will report to the regulatory authority on the NQAITS portal within 24 hours.

In the event of the death of a child

- A staff member who is first aid qualified will assess the situation for any danger to other children, educators, family members, visitors, etc.

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- All children should be removed away from the scene and if necessary, parents contacted for early collection of children. The families should be reassured and notified only that a serious incident has occurred.
- Qualified first aid staff member will administer IMMEDIATE first aid.
- Nominated supervisor will contact Ambulance by calling “000” (ambulance MUST be contacted before the parents are contacted).
- The nominated supervisor must contact approved provider who will then advise who will contact parent/guardian/emergency contact.
- Only a qualified medical practitioner can declare a person is deceased, therefore nominated supervisor should ensure the parents are only advised that the injury is serious and refer them to the hospital where the child has been taken. This information should be provided in a calm and extremely sensitive manner.
- Once the child has been taken by ambulance the police will be called, the environment is not to be cleaned, or contaminated. The site must be cleared only after approval from police.
- Nominated supervisor will direct staff to record comprehensive observations of anything seen or actions taken before or after the accident, and complete any documentation required.
- Police in attendance will inform the nominated supervisor and or approved provider of any other matters that need to be addressed.
- In the event of the death of the child, all staff will receive immediate debriefing and counselling from a suitably qualified medical practitioner.
- An investigation regarding the death of a child will be conducted by parties not directly involved.
- If staff involved in the investigation are found to be negligent in any way, they will be suspended from duty until the investigation is completed or until further notice.
- If staff are found guilty of any negligence that contributed to the event their employment may be terminated immediately.

Child missing or unaccounted for

- The nominated supervisor will be informed and will immediately conduct a full-service head count.
- Nominated supervisor will assign areas for staff to search and report back to her such as rooms, play areas, storage cupboards laundry kitchens, cupboards etc.
- If all attempts to find the child have failed contact the police. Dial 000
- Nominated supervisor will contact approved provider immediately and either nominated supervisor or approved provider will contact the parent/s /guardian and advise that police have been notified and are assisting in the search for the child.
- Staff and nominated supervisor will continue to look for child whilst waiting for police to arrive.
- Staff and nominated supervisor will follow all instructions and directions from police.
- Staff will document as much information as possible
- Approved provider and nominated supervisor will conduct a thorough investigation within the service and follow up with disciplinary action if required
- Approved provider and/or nominated supervisor will report to the regulatory authority on the NQAITS portal within 24 hours.

Child locked in or locked out of service

- The nominated supervisor will ensure child is comforted and calm not suffering any injury trauma or stress – may need to call an ambulance.
- Nominated supervisor will contact approved provider immediately and either nominated supervisor or approved provider will contact the parent/s /guardian and advise of the event if it relates to being locked out.
- Approved provider and nominated supervisor will conduct a thorough investigation within the service and follow up with disciplinary action if required
- Approved provider and/or nominated supervisor will report to the regulatory authority on the NQAITS portal within 24 hours.
- If child was locked in afterhours the event may need to be reported to police.
- Approved provider and nominated supervisor will conduct a thorough investigation within the service and follow up with disciplinary action if required
- Approved provider and/or nominated supervisor will report to the regulatory authority on the NQAITS portal within 24 hours.

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Trauma

Research states that up to one in four children experience traumatic events in their childhood. Unfortunately, some children experience a number of traumas, and the effect may be cumulative making children more vulnerable to stress reactions.

Some of the things that might be traumatic for children include:

- Serious accidental injury that results in a visit to the hospital.
- Serious illness.
- Death of a parent or close family member.
- Natural disasters such as earthquakes, bush fires, or floods.
- Domestic violence.
- Other disasters such as terrorist attacks, wars, explosions, and fires.

Signs of Trauma reactions may include:

- Withdrawal – such as loss of interest in activities, loss of confidence, not wanting to talk or regressing to more ‘babyish’ ways of behaving.
- Preoccupation – needing to relive the experience, for example, through repetitive play or drawings. The child may be overly concerned about the possibility of future events or may have nightmares.
- Anxiety – such as problems with concentrating or paying attention, clingy behaviour, separation anxiety, sleep problems and irritable behaviour.
- Physical symptoms – such as headaches and stomach aches.

In the event of a traumatic event allow for a delayed reaction. Some children seem to cope well at first, but can experience reactions to the stress days, weeks or even months later.

In the service we have contact with children up to 12 years of age and treating trauma for an older age group is slightly different due to their ability to converse better. Talking with the young person is often a good starting point, particularly if the child is a bit older. There are a few things you can do to make this a bit easier:

- Create a safe environment for the child to talk.
- Let them know that you are concerned and want to help.
- Pick a moment when no-one else is around.
- Get down on their level or in a way that the child feels comfortable.
- Allow the child to take the lead.

Begin by letting the child know that it is sometimes hard to talk about feelings and worries, but that it can really help:

- ‘You’ve been through a lot this year. Everyone reacts differently to these sorts of things and it’s normal to find it difficult to talk about.
- ‘It might feel weird to talk about these things at first, but it can really feel better to get them out.’

Ask general questions

- ‘How are you feeling at the moment?’
- Is there anything that’s been difficult for you lately?
- Is there anything that you would like to talk about?’
- ‘I’ve noticed that you’ve stopped doing some things that you used to enjoy doing. Is there a reason for that?’ (Remember, this could be because they are withdrawing, or even because they can’t afford to do these things anymore.)
- Is there anything I can help with?’
- Show the child you are listening.
- Check that you have understood what they are saying.
- ‘It seems like you have been finding it a bit difficult to concentrate lately and that you’ve had trouble sleeping. Is that right?’
- Ask questions, but don’t push if they are not ready.
- Let the child know you are ready to listen when they are ready.
- If they disclose feelings, acknowledge their experiences, perceptions, and feelings.
- Reassure the child that their thoughts and feelings are normal.
- Focus on strengths and highlight the things the child has done well.

If a child discloses to you any traumatic event staff must follow the procedure below:

- Stay calm. Listen and be patient with the child’s retelling of the event.

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- Reassure the child that the event is over, and they are safe. You may have to reassure them over and over again.
- Respect the child's fears and give them time to learn to cope with them. It is important to acknowledge and validate the child's concerns.
- Protect the child from re-exposure to frightening situations and reminders of trauma. These may include TV programs, stories, movies, or other reminders such as visiting or seeing pictures of the location or physical situations.
- Accept and help the child to name strong feelings during brief conversations but remember that a child of this age cannot talk about these feelings or the experience for long.
- Expect and understand that the child may act in a more babyish way – you may need to make allowances for this, while sticking to some of the more basic household rules.
- Expect some difficult or uncharacteristic behaviour.
- Discuss symptoms being displayed with the nominated supervisor who will in turn contact parent/guardian and if required will advise to seek further professional advice.
- If, however, a child discloses any form of abuse staff will follow procedure as outlined in the services **child protection policy**.
- Nominated supervisor will provide information of local professionals/help groups that are available to assist with recovery from trauma.

Illness

When groups of children play and learn together, illness and disease can spread from one child to another, even when implementing the recommended hygiene and infection control practices. The service will endeavour to implement safe hygienic practices however not all illness can be stopped.

The three steps in the chain of infection

1. The germ has a source.
2. The germ spreads from the source.
3. The germ infects another person.

Germs spread by the following

- Coughing sneezing.
- Breathing contaminated air.
- Direct contact.
- Animals.
- Food.

Preventing illness

- Washing hands thoroughly.
- Exclusion of ill children and staff.
- Immunisation.
- Cough and sneeze etiquette.
- Correct use of disposable gloves.
- Effective cleaning of the service.

Recognising illness

A child will be considered sick if he/she:

- Sleeps at unusual times, is lethargic.
- Has a fever over 38 degrees.
- Discharge from the eye or ear.
- Skin that displays rashes, blisters, spots, crusty or weeping sores.
- Loss of appetite.
- Headaches.
- Stiff neck or other muscular and joint pain.
- Is crying constantly from discomfort.
- Vomits or has diarrhoea.
- Needs constant one to one care.
- Has symptoms of an infectious disease.
- Is showing signs of Covid-19.

Dealing with a sick child

When a child develops symptoms of illness as listed above while at the service.

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- Alert the nominated supervisor and other staff and advise them of your concerns about the child's condition.
- Contact the parent and advise them that their child seems unwell and nominated supervisor will request that the child is collected from the service if the child is not well enough to participate in the program.
- Staff will separate the child from the group and have a staff member remain with the child until the child is collected by a parent/guardian.
- Staff will monitor child's symptoms and record information on the **illness observation record**.
- If a child deteriorates and starts to become extremely unwell staff must alert nominated supervisor to call an ambulance.
- **Please note:** If child vomits once or has diarrhoea once or a has a temperature over 38 degrees, and child is clearly unwell, parent/ guardian must collect child immediately and they must then be excluded from returning to the service until the diarrhoea and/or vomiting has stopped for at least 24 hours. The nominated supervisor has full control over this decision. In some cases, vomiting or diarrhoea can be related to other events occurring with the child such as: teething, allergy, stress etc. However, when a bout of vomiting and or diarrhoea is clearly related to the child being unwell and as educators, we are unable to ascertain the cause, children must be excluded from the service in order to prevent an outbreak of illness.
- If a child's temperature is extremely high, cannot be brought down and their family cannot be contacted, the child's enrolment record will be checked for permission to administer panadol. This information will be recorded on the **temperature and panadol record**.
- If there are further concerns about the child's illness contact emergency services and follow the directions of the emergency services.
- During a fever, natural methods will be employed to bring the child's temperature down until the family arrives or help is sought. Such methods include removing layers of clothing as required, clear fluids given water only, tepid washers applied to child.
- After the child leaves, clean the mat or cushion to minimise the spread of infection. In addition, follow-up with child's parent to check if any further action is required post the initial incident occurring particularly if related to infectious disease situation.
- If there is a gastroenteritis outbreak at the service, children displaying the symptoms will be excluded from the service until the diarrhoea and/or vomiting has stopped for at least 48 hours.
- Signage will be display throughout the service to alert families and if an outbreak occurs and nominated supervisor will alert approved provider.
- Nominated supervisor will follow the instructions from Staying Healthy 6th edition and if required instruction from the Public Health unit.
- If a child presents at the service unwell and parent/guardian has administered panadol prior to attending, parent/guardian will be called back to collect child if condition deteriorates during the day.
- If there is an outbreak of an infectious disease at the service, the approved provider/ nominated supervisor will take all steps to prevent further outbreak and will ensure that all parents/ guardians are notified of the occurrence as soon as practicable.

Continuous Improvement

We are dedicated to the ongoing improvement of our practices and procedures through the following actions:

- Conducting regular reviews and updates of this policy with all stakeholders.
- Actively seeking feedback from children, families, and staff members.
- Providing targeted skill development and training for staff when areas for improvement are identified or when gaps in policy and procedure implementation are observed.

Each member of the team plays an important role in the implementation of each policies guidelines, and they are outlined as below but not limited to the following:

The Approved Provider

- Will ensure that obligations under the Education and Care Services National Law and National Regulations are met.
- Ensure they take reasonable steps to ensure that the nominated supervisor, educators, staff, and volunteers follow the policy and procedures.

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- Ensure they provide the nominated supervisor, educators, staff and volunteers the documentation to perform their role, follow policy, procedure, and document according to regulatory and service requirements.
- Will ensure that adequate induction process is provided to all staff to ensure they have time to read and understand policies and procedures and seek further information if unsure.
- Ensure that the nominated supervisor and staff are equipped with ongoing professional development and training they require to comply with this policy
- Will encourage feedback from stakeholders regarding the policy's effectiveness, particularly in relation to identifying and responding to child safety concerns.
- Ensure the policy is kept up to date with current legislation, research, and best practice.

The Nominated Supervisor

- Will be proactive, responsive, and flexible in using professional judgments to prevent injury from occurring.
- Will continue to attempt authorised contacts on the child's enrolment record in the event that parent/guardian is uncontactable.
- Will ensure that they in conjunction with staff review and evaluate procedures after an incident or illness and take appropriate actions to eradicate the cause if possible.
- Will adhere to and implement the obligations under the Education and Care Services National Law and National Regulations.
- Ensure they take reasonable steps to ensure that the educators, staff, and volunteers follow the policy and procedures.
- Ensure they provide the educators, staff and volunteers the documentation to perform their role, follow policy and procedure and ensure they are checking the documentation according to regulatory and service requirements.
- Ensure that a rigorous recruitment process is completed, and a thorough induction process is provided to all staff to ensure they have time to read and understand policies and procedures and seek further information if unsure.
- Ensure that the staff are supported with ongoing professional development and training they require to comply with this policy.
- Will encourage feedback from stakeholders and staff regarding the policy's effectiveness, particularly in relation to identifying and responding to child safety concerns.
- Ensure the policy is kept up to date with current legislation, research, and best practice.
- Conduct regular staff meetings to address policy compliance with legislation, policy implementation, changes to policy and or collect feedback for annual review of policy.

Educators

- Actively supervise children at all times throughout the day, ensuring the children are a priority over daily tasks.
- Will adhere to and implement the obligations under the Education and Care Services National Law and National Regulations.
- Ensure they take reasonable steps to follow the service policy and procedures and seek advice or further support if unsure.
- Ensure they complete and document any related records regarding the implementation of this policy and practice requirements of the service.
- Will attend any ongoing professional development, staff meetings and training they require to comply with this policy and practice requirements of the service.
- Will provide feedback to the nominated supervisor or approved provider regarding the policy's effectiveness, particularly in relation to identifying and responding to child safety concerns.
- Will provide feedback regarding policy review when required.

Families

- We expect that all families complete written consent in their enrolment pack for staff to seek medical attention for their child if required.
- Families will be required to supply details of their preferred doctor, dentist, health fund and Medicare details and written consent to ambulance procedure for the service.
- Families are advised upon enrolment and in regular reminders not to bring sick children to the service and to arrange prompt collection of children who are unwell. The care needs of a sick

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	<p>child are difficult to meet without dramatically reducing the general level of supervision of the other children or risking another child's health.</p> <ul style="list-style-type: none"> Families should be contactable throughout the day in the event of an incident and if are going to be unavailable advice the nominated supervisor. Families will be made aware of this policy on enrolment.
REGULATION IMPLEMENTATION	The following procedures outline and support all stakeholders to understand and implement the regulatory guidelines of this policy.
In regard to regulation 85- Incident, injury, trauma and illness policies and procedures and 86- Notification to parents of incident, injury, trauma and illness and 87- Incident, injury, trauma and illness record	<p>Approved Provider will</p> <ul style="list-style-type: none"> Ensure they provide all staff and nominated supervisor with clear guidelines for procedures to follow in the case of a child becoming ill, injured or suffers a trauma. <p>Nominated Supervisor will</p> <ul style="list-style-type: none"> Ensure that all staff are aware of the procedures for these events. Ensure that as the nominated supervisor they hold a current and up to date with First Aid CPR, Asthma and Anaphylaxis qualification. Ensure roster is organised to ensure an educator with full First Aid qualifications including Anaphylaxis, Asthma and CPR is present in the service from open until close. Ensure they keep a current staff schedule record of educator qualifications to ensure qualifications are kept current and do not expire. <p>Approved Provider will</p> <ul style="list-style-type: none"> Ensure that the nominated supervisor is aware of this regulation and have a process in place that ensures that the nominated supervisor or responsible person alerts the approved provider immediately regarding any serious incident that occurs at the service. They will Advise parents within 24 hours of the incident. Ensure they provide all staff and educators with an appropriate Incident, injury trauma and illness record. Ensure the record is stored confidentially and the record is kept until the child reaches the age of 25. Ensure educators fill in records with accurate detail. Ensure families are notified of the record at the end of each day or if more serious as soon as is practicable. <p>The record must include the following:</p> <ul style="list-style-type: none"> Name and age of the child. Time and date of the event. Circumstances leading to the event. Details of follow up actions. Any medication administered (depending on the event). Any first aid administered. Any witnesses to the event. Name of person contacted. Record of time and date of notifications or attempted notifications. Name and signature of person completing the record <p>Nominated Supervisor will</p> <ul style="list-style-type: none"> Ensure families are made aware of any incident, injury, trauma, or illness that has occurred at the service as soon as possible but no longer than 24 hours. Always contact a parent/guardian if a child sustains any injury above the shoulders to the head as soon as practicable after incident has occurred in relation to any incident once the child has been attended to. It is advisable that parent/guardian picks up child from service and has them checked out by a medical practioner. Whilst waiting for parent/guardian to arrive Do not allow child to fall asleep. Ensure that staff have completed an incident Injury trauma and illness record and it is filled in accurately. Collect parents' signature, store, and archive accordingly.
In regard to regulation 89- First aid kits.	<p>Approved Provider will</p> <p>Ensure that processes are in place for the following:</p> <p>First Aid Kits will:</p> <ul style="list-style-type: none"> Be available and be plentiful in number for the whole service and be easily accessible.

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	<ul style="list-style-type: none"> Be in permanent positions and signed accordingly with a distinctive first aid sign. Be checked on a monthly basis and replenished accordingly. Be portable for excursions. Be available on all transport for children e.g., Bus. Be taken on excursions with a designated first aid qualified educator. Must not contain any medication not on first aid checklist or any extra additions not on checklist.
In regard to regulation 95 – Procedure for administration of medication.	<p>Approved Provider will</p> <ul style="list-style-type: none"> Ensure there are appropriate procedures and guidelines regarding medication that are clear and adhered to at all times. Ensure a procedure outlining these requirements is available to all staff and educators. <p>Nominated Supervisor will</p> <ul style="list-style-type: none"> Ensure that educators adhere to the Dealing with Medical Conditions Policy and the practices regarding administering medication. Ensure only a fully qualified first aid educator in the presence of a witness will administer medication. Ensure medication will be checked to ensure that it is for the correct child/ that it is in date, not expired/ that the medication administration record has been completed by the parent prior to administering medication. Ensure if any of the above criteria is not met that educators will inform nominated supervisor who will inform parent. Ensure medication will be recorded on the medication administration record once it has been administered.
In regard to regulation 103- Premises, furniture, and equipment to be safe, clean and in good repair	<p>Approved Provider will</p> <ul style="list-style-type: none"> Ensure that maintenance is carried out on a regular basis and nominated supervisor and staff are completing the maintenance schedule record and nominated supervisor is ensuring that maintenance record is being completed. Ensure any maintenance that is recognised to be of a compliant issue must be reported to the approved provider immediately and rectified as soon as possible. Approved provider will instruct nominated supervisor as to how to keep area safe until fixed. Ensure any broken equipment that cannot be fixed is removed and replaced. Ensure regular cleaning is occurring in the service and supply support documentation to record this process. Ensure all educators are responsible for alerting Nominated Supervisor to the maintenance of equipment and resources. Ensure nominated supervisor must also conducts walk throughs of the service to check that building, equipment and resources are compliant and check and collate documentation records.
In regard to regulation 168- Education and care service must have policies and procedures.	<p>Approved Provider will</p> <ul style="list-style-type: none"> Ensure that obligations under the Education and Care Services National Law and National Regulations are met. Ensure they take reasonable steps to ensure that the policy and procedures are current, reviewed regularly and communicated to educators, staff, and stakeholders. Take reasonable steps to inform and support educators and staff regarding their responsibilities in implementing the policy and procedures at all times. Take reasonable steps to ensure that nominated supervisor, educators, staff, and volunteers follow the policy and procedures. Ensure copies of the policy and procedures are readily accessible to nominated supervisor, educators, staff, stakeholders, and volunteers and are available for inspection. Notify families at least 14 days before changing the policy or procedures if the changes will: <ul style="list-style-type: none"> Affect the fees charged or the way they are collected or Significantly impact the service's education and care of children or Significantly impact the family's ability to utilise the service. Ensure policies and procedures regarding regulatory requirements are in place at the service. Ensure that a suitable Nominated supervisor is in place and will monitor practices and procedures relating to all policies in the service.

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	<ul style="list-style-type: none"> Ensure policies and procedures are reviewed at least annually and changes are made if required prior to this review. Ensure all stakeholders are involved in the review. Ensure the service is conducive to a child safe environment and guidelines set out in the policy and procedure are clearly outlined.
In regard to regulation 170- Policies and procedures to be followed.	<p>Approved Provider will</p> <ul style="list-style-type: none"> Ensure that all staff and volunteers are made aware of Regulatory policies and procedures by ensuring that this forms a part of the induction process. Ensure probationary reviews will be conducted once new staff are appointed at the 3- month and 6-month mark to ensure that they are following policy and procedure and to review and revise regulatory policies. Ensure staff meetings will be conducted on a regular basis to allow for review of policy and procedure and further training and revision of procedural practices in relation to policy and procedure. Ensure annual review and revision of policies and procedures will be conducted, and all educators will be given the opportunity for input.
In regard to Regulation 171- Policies and procedures to be kept available.	<p>Approved Provider will</p> <ul style="list-style-type: none"> Ensure that policies and procedures are available to all staff and the location and availability will form a part of the induction process. Ensure policies will be available on request for all staff members to have access when required. Ensure policies will be available when required for staff members to download copies and/or print out if required in order to complete assignments or to form part of their research and/ or update their knowledge. Ensure policies will be available for all stakeholders when requested and when updating.
In regard to Regulation 172- Notification of change to policies or procedures	<p>Approved Provider will</p> <ul style="list-style-type: none"> Ensure staff meetings will be conducted on a regular basis to allow for review of policy and procedure, provide further training and allow for input if required in relation to policy and procedure. Ensure stakeholders will be invited to provide feedback for policies and procedures at any time, not just on annual review but will also be invited to add feedback at review time or after an event that may require change to policy or procedure. Ensure policies and procedures will be emailed or put on display in the foyer for stakeholders to have the ability to provide feedback. Ensure feedback will be considered from stakeholders and educators and may result in a change in policy. Ensure policy and procedure may be changed at any time if there has been an incident in the service that has required a change to be implemented for the safety and health of children and or educators. Ensure in the event of a change to a policy after feedback or a situation that occurs, we will provide 14 days' notice to all stakeholders before the change takes effect.
In regard to regulation 183- storage of records and other documents	<p>Approved provider will</p> <ul style="list-style-type: none"> Ensure all records relating to children and staff are to be kept confidential and private except when needing to access medical records for children or in the event of a regulatory authority visit and an officer requires access to documentation. Ensure certain records must be kept for different periods of time and when archiving the nominated supervisor /staff member must box documents according to the length of storage time required. Ensure until a child is 25 years after any Incident, injury trauma and illness that occurred at the service and is recorded. 7 years after the death of a child. 3 years in the case of any other record relating to a child enrolled at the education and care service, until the end of 3 years after the last date on which the child was at the service. Ensure any record relating to the approved provider, until the end of 3 years after the last date on which the approved provider operated the education and care service.

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	<ul style="list-style-type: none"> Ensure any record relating to a nominated supervisor or staff member of an education and care service, until the end of 3 years after the last date on which the nominated supervisor or staff member provided education and care on behalf of the service. In the event of any other record, until the end of 3 years after the date on which the record was made.
LAW IMPLEMENTATION	The following laws and procedures outline and support all stakeholders to understand and implement the regulatory guidelines of this policy.
	<p>Approved provider and Nominated supervisor</p> <ul style="list-style-type: none"> Approved Provider will ensure that all children being educated and cared for by the service are adequately supervised at all times that the children are in attendance of the service. Penalty: \$11 400, in the case of an individual. \$57 400, in any other case. Nominated supervisor will ensure that all children being educated and cared for by the service are adequately supervised at all times that the children are in attendance of the service. Penalty: \$11 400. <p>Approved provider and Nominated supervisor must ensure the following:</p> <ul style="list-style-type: none"> Educator to child ratios is kept at all times considering the proficiency of staff, ability of staff to respond in a crisis and read cues of children playing. Rostering is crucial in ensuring that there is a balance of competent staff to guide and support less competent staff. Staff are actively involved with children knowing where children are at all times and how many children are in their care. Approved provider or nominated supervisor will observe staff abilities to adapt their levels of supervision based on the age of the children in their care. <p>Staff will alert other members of staff if they need to leave the room for any reason and approved provider and nominated supervisor will be responsible for monitoring this process</p>
KEY TERMS	<ul style="list-style-type: none"> ACECQA – Australian Children’s Education and Care Quality Authority. The independent national authority that works with all regulatory authorities to administer the National Quality Framework, including the provision of guidance, resources, and services to support the sector to improve outcomes for children. Stakeholder - a person or group of people who have an interest in a business, a person such as an employee or customer. They have a sense of responsibility toward it and an interest in its success.
WE GRATEFULLY ACKNOWLEDGE THE FOLLOWING SOURCES	<ul style="list-style-type: none"> Australian Children’s Education & Care Quality Authority. ACECQA Australian Government – Staying healthy 6th Edition: Preventing infectious diseases in early childhood education and care services Code of Ethics Education and Care Services National Regulations. Education and Care Services National Law Act 2010 Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. Guide to the National Quality Framework. National Quality Standard. United Convention on the Rights of the Child

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