

Management of Incidents, Injury and Trauma Policy

Quality Area 2: Children's health and safety

Standard 2.1 Each child's health is promoted.

Element 2.1.2: Effective illness and injury management and hygiene practices are promoted and implemented.

Standard 2.2 Each child is protected.

Element 2.2.2: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented

POLICY STATEMENT

At Arabanoo, the safety, health, and wellbeing of children is of paramount consideration. We are committed to providing a safe and secure environment for all stakeholders, including educators, children, young people, and visitors. Our Management of Incidents, Injury & Trauma Policy ensures that proper care and attention are given to managing incidents, injuries, or trauma, to ensure everyone's safety and wellbeing.

To ensure effective response to incidents, injuries and trauma, educators, and staff members will receive up-to-date training. This will enable them to effectively respond to any situation, provide appropriate care, and take necessary action to ensure the safety and wellbeing of all involved.

When assessing the seriousness of an incident, we will take care to determine if emergency services need to be contacted. Our priority is always the safety and wellbeing of the child or young person involved.

At Arabanoo, keeping families informed is of utmost importance. Families will be notified of any serious incident involving their child at Arabanoo as soon as possible. If a child or young person is injured, or suffers a trauma, we will provide appropriate care in accordance with our First Aid Policy, notify parents/carers or emergency contacts as soon as practicable, and complete a written incident record in accordance with regulation 87.

We understand the importance of effectively managing our physical environment to allow children to experience challenging situations while preventing serious incidences or injuries. In the event of an incident, injury or trauma, all educators will implement the guidelines in this policy and adhere to National Law and Regulations. We will also report all serious incidents, as defined in regulation 12, d to the relevant authorities, including the NSW Regulatory Authority.

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At Arabanoo, we are committed to promoting the safety, health, and wellbeing of all stakeholders. We will continue to review and improve our Management of Incidents, Injury & Trauma Policy to ensure that it remains relevant and effective.

CONSIDERATIONS:

Education and Care Services National Regulations	National Quality Standard	Other Service policies/documentation	Other
12, 85, 86, 87, 89, 95, 97, 103, 104, 117, 161, 162, 168, 169, 170, 171, 172, 177, 183	2.1.2, 2.1.3, 2.2, 2.2.1, 2.2.2, 2.2.3, 7.1.1, 7.2.1	First Aid Policy Administration of Medication Policy Hygiene Policy Management of Illness and Infectious Diseases Policy Supervision Policy Providing a child safe environment	Work, Health and Safety Act 2011 ACECQA "FAQ" www.acecqa.gov.au
Education and Care Services National Law			
Sec.165 Sec. 144 Sec. 167 Sec. 174			

ENDORSEMENT BY THE SERVICE:

Approval date: 29 May 2019

Date for Review: May 2021

Policy History

Version 1.0

December 2005, May 2006, March 2007, May 2007, February 2009, August 2010, May 2011, March 2012.

Version 2.0

Overhaul of policies following regulatory changes in 2012. Drafted from the Network template and using the Current Arabanoo Policy Handbook by Sarah Evans. Reviewed by Bridget Pawley and Margie Bishop, May 2013.

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Version	Date reviewed	Who by	Area changed	Changes made	Authorisation
3.0	13 September 2016	Scott Logan, Jenny Akkell	Slight wording		
4.0	1 June 2017	Rowan Friend, Belinda Edmunds	Restructuring statement	Restructuring statement	Belinda Edmunds 15 June 2017
5.0	2 May 2019	Rowan Friend & Alex Cowie	Standards	Updated to the new NQS	Kate Sellick – 8 May 2019
6.0	June 2023	(Katie Woods KW OSHC Consulting)	Policy name	Updated to include 'trauma' to ensure compliance against R.168	Rowan Friend – 3 Sept 2024
			Considerations		

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PROCEDURE

Roles and Responsibilities

Approved Provider

The Approved Provider has the responsibility to ensure Arabanoo complies with the Education and Care Services National Law and National Regulations. This includes:

- Maintaining an enrolment record for each child that contains all the prescribed information.
- Confidentially storing an incident, injury, trauma, and illness record until the child reaches 25 years old.
- Recording incident, injury, trauma, or illness information as soon as possible and within 24 hours after the occurrence.
- Notifying the parent/guardian of the child as soon as practicable but no later than 24 hours after the incident, injury, trauma, or illness.
- Notify the regulatory authority of a serious incident online using the NQAITS - SI01 Notification of Serious Incident record.
- Ensuring that at least one educator, staff member, or nominated supervisor who holds a current approved first aid qualification and has undertaken current approved anaphylaxis management and emergency asthma management training is in attendance at all times and immediately available in an emergency.
- Taking reasonable steps to ensure that nominated supervisors, educators, staff, and volunteers follow the policy and procedures.
- Ensuring copies of the policy and procedures are readily accessible to nominated supervisors, educators, staff, and volunteers, and available for inspection.
- Notifying families at least 14 days before changing the policy or procedures if the changes will affect the fees charged or the way they are collected, significantly impact the service's education and care of children, or significantly impact the family's ability to utilise the service.

Nominated Supervisor / Responsible Person

The Nominated Supervisor or Responsible Person will be responsible for leading the implementation of the Incident, Injury and trauma policy and procedure. This includes:

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- Investigating the cause of any incident, injury, or illness and taking appropriate action to remove the cause if required.
- Contacting emergency services in the first instance and then notifying parents/guardians immediately after an incident, injury, trauma, or medical emergency, or as soon as practicable.
- Ensuring each child's enrolment record includes authorisation by a parent or person named in the record for the approved provider, nominated supervisor, or educator to seek medical treatment for the child from a registered medical practitioner, hospital, or ambulance service, and if required, transportation by an ambulance service.

Educators:

Educators at Arabanoo will be responsible for:

- Recording incident, injury, trauma, or illness information as soon as possible and within 24 hours after the occurrence.
- Seeking further medical attention if required after the incident, injury, trauma, or illness.
- Ensuring that two people are present any time medication is administered to children (except FDC or permitted services under regulation 95(c)).
- Being aware of children with allergies and their attendance days, and applying this knowledge when attending to any incidents, injury, trauma, or illness.
- Completing an Incident, Injury, Trauma, and Illness Record.
- Keeping Incident, Injury, Trauma, and Illness Records confidential and storing them until the child is 25 years old.

Families:

As a family of a child/ren attending Arabanoo, you have the responsibility to:

- Provide authorisation in the child's enrolment form for the approved provider, nominated supervisor, or educator to seek medical treatment for the child from a registered medical practitioner, hospital, or ambulance service, and if required, transportation by an ambulance service.
- Notify the service upon enrolment of any specific health care needs of the child, including any medical conditions and allergies and any medical management plans that need to be followed.
- Ensure any medical management plans at the service are kept up to date.

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- Collect the child as soon as possible when notified of an incident, injury, or trauma.
- Be contactable, either directly or through emergency contacts listed on the enrolment form, in the event of an incident requiring medical attention.
- Notify educators or staff if there has been a change in the condition of the child's health, or of recent accidents or incidents that may impact the child's care.
- Notify educators or staff when the child is ill and will be absent from their regular program.

Consent and Health Information

For children and young people

- Parents/carers are required to provide written consent for educators to seek medical attention for their child, if required, before they start in the Service.
- It is the parents/carers responsibility to keep the Service updated of any relevant health issues. This information will be recorded on the enrolment form/system.

Changes to a child's health status should be notified in writing. (For example, if a child develops asthma during the year, the Service should be notified so that the child's record can be updated.)
- Parents/carers will be required to supply the contact number of their preferred doctor or dentist, Medicare number and expiry date on the enrolment form/system.
- If a child, or young person has an accident while at the service they will be attended to immediately by an educator who holds a first aid certificate.
- In the case of medication being required in an emergency without prior consent of the parents/carers, educators are to secure that consent from a registered medical practitioner.
- Qualified first aiders will only administer first aid in minor accidents or to stabilise the patient until professional medical assistance arrives in more serious accidents.
- Injured children will be kept under adult supervision until they recover, and an authorised person takes charge of them.

For educators, staff, and visitors:

- Educators will be required to supply two contact numbers in case of an emergency or accident involving themselves.

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- If an educator, staff, or visitor has an accident or becomes ill while at the service they will be attended to immediately by an educator who holds a first aid certificate. All staff should be trained in first aid and encouraged to complete a formal training course (budgeted for in the Services' staff training budget).
- Anyone injured will be kept under adult supervision until they recover, and an authorised person takes charge of them.

Contact Information

- Telephone numbers of emergency contacts, local doctor and Poisons Information Centre are to be located near the telephone in plain view.
- During opening hours, Arabanoo will be staffed with a minimum of one qualified first aider. A copy of first aid qualifications will be kept in the staff member's file, indicated on the staff notice board and maintained on the staff enrolment checklist.

First Aid Kits

- A fully stocked and regularly up-dated first aid supply will be kept in a designated secure location in the Service accessible to staff (all staff should be aware of its location) but inaccessible to the children. (See signage in service for up-to-date location).
- First aid kits are restocked weekly and new stock ordered when necessary.
- Cold packs are available in the freezer and instant ice packs are taken on excursions.
- At least four indoor/outdoor first aid kits are maintained for indoor, outdoor use and excursions.

Incident, Injury, Trauma, and Illness Record

The Incident, Injury, Trauma, and Illness Record is a critical document that contains detailed information about any incident, injury, trauma, or illness that occurs while a child or young person is in the care of Arabanoo.

- Records are made each time first aid is provided, whether it is considered minor or serious.
- This record will include:
 - the child or young person's name and age,

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- the circumstances leading to the incident, injury, illness, the time and date the event occurred,
 - and the details of any action taken by the educator, including any medication administered or medical professionals contacted.
-
- If an illness becomes apparent while the child is in the care of the OSHC Service, the record will include details of the symptoms and the time and date of the onset of the illness. The record will also include the name of any witnesses to the incident, injury, or trauma, as well as the names of any persons notified or attempted to be notified.
 - Due to confidentiality and privacy laws, only the name of the injured child will be recorded on the Incident, Injury, Trauma, or Illness Record. Separate records will be completed for each child involved in the incident, and only the parents or authorised nominee will have access to the record.

All Incident, Injury, Trauma, and Illness Records must be kept until the child reaches the age of 25. Parents or authorised nominees must acknowledge the details contained in the record by signing and dating it on arrival to collect their child. Educators are required to complete documentation of any incident, injury, or trauma that occurs when a child or young person is in their care, including incidences of biting, scratching, or dental or mouth injury.

Serious Incidents

In the case of a major incident at the service requiring more than basic first aid, the first aid attendant will:

1. Assess area for danger.
2. Assess the injury and decide whether the injured person's injuries can be dealt with by a first aid trained educator with further medical advice if needed or whether an ambulance should be called. The first aid educator in charge should inform the Nominated Supervisor of their decision.
3. If the injury is serious the first priority is to get immediate medical attention. Parents/carers or emergency contacts should be notified straight away. If it is not possible to speak to the parent/carers or emergency contacts, there should be no delay in organising professional medical treatment.
4. Attend to the injured person and apply first aid as required.

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5. Educators will ensure that disposable gloves are used with any contact with blood or bodily fluids as per the hygiene policy.
6. Educators will stay with the child until suitable help arrives, or further treatment taken.
7. The educators will try to make the child comfortable and reassure them that they will be ok and their parents/carers are on their way.
8. If an ambulance is called and no parents/carer or emergency contact is able to travel with the patient, two educators (as long as service ratios are maintained) will travel to the hospital with the child. Ideally one male and one female and one of the educators being a supervisor. If service ratios are compromised one educator will travel with the patient, ideally a supervisor. Child's medical records and contact numbers are to be taken with educator.
9. All the while keep the parents/carers or emergency contacts up to date of the progress.
10. Complete a service incident report and a report for the regulatory authority. Detail and log all contact made with parents/carers, emergency contacts, emergency services etc on the incident form.

The other responsible educators will:

- a. Ensure that other children should be kept away from the injured person. Educators should try to reassure the other children and keep them calm.
- b. Notify parents/carers or emergency contact person immediately regarding what happened and the action that is being taken including clear directions of where the child is being taken (e.g. hospital). Every effort must be made not to panic the parents/carers.
- c. Ensure that all blood or bodily fluids are cleaned up in a safe manner (with approval to do so by the Police if they have been called).
- d. Ensure that anyone who has come in contact with any blood of fluids washes their hands in warm soapy water or replace clothing

Accidents which result in serious injury (including death) to a child must be reported to the following relevant authorities:

- Ambulance service
- Police
- Parents/carers
- Early Childhood and Education Directorate (via the NQA ITS portal)

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- BHPS Principal
- PMC President

The service will notify the parents/carers that a serious incident has happened and advise them to contact the relevant medical agency. Only a qualified medical practitioner can declare a person dead and therefore educators should ensure the parents/carers are only advised that the injury is serious and refer them to the medical agency (i.e. hospital) where the child has been taken.

This information should be provided in a calm and extremely sensitive manner.

All other children should be removed from the scene and if necessary parents/carers contacted for early collection of children. If the children ask they should be reassured only that a serious incident has occurred and that the patient is in the best possible care.

Death or Serious Injury to a child, educator, or visitor

Educators in the service must be prepared to handle all incidents in a professional and sensitive manner. In the event of tragic circumstances such as the death of a child or educator, the educators will follow guidelines as set out below to minimise trauma to the remaining educators and children in the service.

In the event of the death occurring out of service hours, a clear emergency procedure will be maintained for the other children at the service.

If a child is the deceased, the Nominated Supervisor should make contact with the BHPS to liaise with them regarding the school's response to the event.

The Nominated Supervisor should also make contact with the NSW Regulatory Authority to seek advice on an appropriate response from the service. The school and Network of Community Activities should be contacted to seek additional support, resources and advice.

Reporting of Serious Incident, Injury and Trauma

All serious incidents, injury or trauma will be recorded within 24 hours of the event occurring. The child's parents/carers or emergency contact must be notified of any accident or injury that has occurred to the child as soon as possible and no later than 24 hours after the event.

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The Nominated Supervisor is responsible for ensuring that in the event of a serious incident the regulatory authority is advised, as well as the Approved Provider (PMC).

All serious incidents notifications should be made using the National Quality Agenda IT System.

It may not be until sometime after the incident that it becomes apparent that an incident was serious (for example a concussion injury might not present as serious in the first instance). If that occurs, the Nominated Supervisor must notify the regulatory authority within 24 hours of becoming aware that the incident was serious.

How to decide if an injury, trauma or illness is a 'serious incident'?

If the advice of a medical practitioner was sought or the child attended hospital in connection with the injury, trauma or illness, the incident is a 'serious one' and the regulatory authority must be notified.

An injury, trauma or illness will be regarded by the service as a 'serious incident' if more than basic first aid was needed to manage the injury, trauma or illness and medical attention was sought for the child, or should have been sought, including attendance at hospital or medical facility for further treatment.

Trauma

Trauma is defined as the impact of an event or a series of events during which a child or young person feels helpless and pushed beyond their ability to cope. Children and young people may experience different types of events that can be traumatic, including accidents, injuries, serious illness, natural disasters (such as bushfires), assault, threats of violence, domestic violence, neglect or abuse, and wars or terrorist attacks. Parental or cultural trauma can also have a traumatising effect on children.

Types of Trauma:

Children and young people can experience different types of trauma, including:

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Single Incident Trauma:

This type of trauma results from experiencing a time-limited and often unanticipated traumatic event. Examples include car accidents, natural disasters, and the loss of a loved one.

Complex Trauma

This type of trauma results from exposure to severe, sustained, and harmful interpersonal events. Examples include physical, emotional, or sexual abuse, profound neglect, and domestic and family violence.

Historical Trauma

This type of trauma refers to multigenerational trauma experienced by a specific cultural group. An example is the intergenerational impacts of European colonisation and forced removal of children from families and communities on Aboriginal and Torres Strait Islander communities.

Intergenerational Trauma

This type of trauma results from unresolved complex trauma that impacts the next generation's capacity to parent and leads to intergenerational harm. When exposed to traumatic events at a young age, children and young people may lose their sense of safety, trust, and belonging.

Recognition of Signs and Symptoms

Educators should be able to recognise the signs and symptoms of trauma in children and young people. These may include emotional dysregulation, hypervigilance, and re-experiencing traumatic events.

- **Creating Safe and Supportive Environments:**
- Trauma-informed practice involves creating places and relationships that feel safe and supportive to children and young people. This can include providing a predictable routine, offering choice and control, and promoting a sense of connection.
- **Developing Capabilities for Emotional Regulation:**
- Practitioners should help children and young people develop their capabilities for emotional regulation. This may include offering strategies for self-regulation, modelling healthy coping skills, and providing opportunities for positive social interaction.

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Behavioural Responses to Trauma

Behavioural responses for school aged children and young children who have experienced trauma may include:

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

How to support children and young people deal with trauma.

Children and young people who have experienced traumatic events often need help to adjust to the way they are feeling. When parents, educators, and staff take the time to listen, talk, and play, they may find children begin to say or show how they are feeling. Providing children and young people with time and space lets them know you are available and care about them.

It is important for educators to be patient when dealing with a child or young person who has experienced a traumatic event. It may take time to understand how to respond to a child or young person's needs and new behaviours before parents, educators, and staff are able to work out the best ways to support a child. It is imperative to realise that a child's behaviour may be a response to the traumatic event rather than just 'naughty' or 'difficult' behaviour.

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Educators can:

- Observing the behaviours and expressed feelings of a child or young person and documenting responses that were most helpful in these situations.
- Creating a 'relaxation' space with familiar and comforting toys and experiences children and young people can use when they are having a difficult time.
- Having quiet time such as reading a story about feelings together.
- Trying different types of play that focus on expressing feelings (e.g., drawing, playing with play dough, dress-ups, and physical games such as trampolines).
- Helping children and young people understand their feelings by using reflecting statements (e.g., 'you look sad/angry right now, I wonder if you need some help?').

Strategies to Assist Families, Educators, and Staff to Cope with Children's Stress or Trauma

- Living or working with traumatised children or young people can be demanding, so it is important to be aware of your own responses and seek support from management when required.
- Strategies to assist families, educators, and staff to cope with children's stress or trauma may include:
 - Taking time to calm yourself when you have a strong emotional response. This may mean walking away from a situation for a few minutes or handing over to another educator or educator if possible.
 - Planning ahead with a range of possibilities, experiences in case difficult situations occur.

Preventing Incidents, Injuries, and Trauma

Arabanoo is committed to providing a safe and healthy environment for all children, educators, staff, and visitors. We recognise that incidents, injuries, and trauma can be upsetting, disruptive, and potentially harmful to the wellbeing of everyone involved. Therefore, we have developed a range of strategies to prevent incidents, injuries, and trauma from occurring as much as possible. These strategies include:

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Risk assessments

We conduct regular risk assessments of our physical environments, furniture, and resources to identify potential hazards and take appropriate action to minimise or eliminate them. Risk assessments are reviewed and updated as required.

Supervision strategies and plans

We reflect regularly on our supervision strategies and plans to ensure they are effective and relevant to the needs of the children in our care. We encourage open communication between educators and children, and we provide adequate supervision and support to ensure the safety and wellbeing of all.

Work Health and Safety (WH&S) audits

We conduct regular WH&S audits of our physical environments, furniture, and resources to ensure they comply with relevant standards and regulations. We take prompt action to rectify any hazards or risks identified during the audit.

CONSIDERATIONS:

Education and Care Services National Regulations	National Quality Standard	Other Service policies/documentation	Other
12, 85, 86, 87, 89, 95, 97, 103, 104, 117, 161, 162, 168, 169, 170, 171, 172, 177, 183	2.1.2, 2.1.3, 2.2, 2.2.1, 2.2.2, 2.2.3, 7.1.1, 7.2.1	First Aid Policy Administration of Medication Policy Hygiene Policy Management of Illness and Infectious Diseases Policy Supervision Policy Providing a child safe environment	Work, Health and Safety Act 2011 ACECQA "FAQ" www.acecqa.gov.au
Education and Care Services National Law			
Sec.165 Sec. 144 Sec. 167 Sec. 174			

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ENDORSEMENT BY THE SERVICE:

Approval date: Sept 2024

Date for Review: Sept 2026

Procedure History

Version 1.0

December 2005, May 2006, March 2007, May 2007, February 2009, August 2010, May 2011, March 2012.

Version 2.0

Overhaul of policies following regulatory changes in 2012. Drafted from the Network template and using the Current Arabanoo Policy Handbook by Sarah Evans. Reviewed by Bridget Pawley and Margie Bishop, May 2013.

Version	Date reviewed	Who by	Area changed	Changes made	Authorisation
3.0	12 August 2015	Jennifer Arnold and Heather Bennett	Procedure Various	Added who is responsible for maintaining First Aid Kits and supply In relation to moving into the new building	Kerry Sinclair 12 February 2016
4.0	1 June 2017	Rowan Friend and Belinda Edmunds	Various	Changed specific locations to 'see up-to-date	Belinda Edmunds 15 June 2017

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			Major Incident at the service	<p>signage in centre'</p> <p>Number of carers to travel in an ambulance</p> <p>Split policy from procedure</p>	
5.0	2 May 2019	Rowan Friend & Alex Cowie	Standards	Updated to the new NQS	Kate Sellick – 8 May 2019
6.0	June 2023	Katie Woods (KW OSHC Consulting)	Formatting	<ul style="list-style-type: none"> - Updated to include headings and subheadings to ensure easy reading and access - Removed reference to illness (as this is seperate policy) 	Rowan Friend – 3 Sept 2024
			Roles & Responsibilities	- New section outlines specific obligations of AP, NS, educators & families.	
			Records	Inclusion of documentation	

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				<p>required in the instance of first aid being applied</p> <p>- Confidentiality</p>	
			Trauma	- Policy revised to include specific reference to supporting children & young people with trauma.	
			Prevention	Inclusion of strategies for reducing risk of harm.	