

POLICY AIM

We aim to reduce the likelihood of incidents, accidents and trauma through implementing comprehensive risk management, effective hygiene practices and the ongoing professional development of all staff to respond quickly and effectively to any incident or accident.

In the event of an incident, injury, or trauma all staff will implement the guidelines set out in this policy to adhere to *National Law and Regulations* and inform the regulatory authority as required.

RATIONALE

When groups of children play together and are in new surroundings, accidents may occur. Sweetpeas is committed to effectively managing our physical environment to allow children to experience challenging situations whilst preventing serious injuries.

Educators have a duty of care to respond to and manage accidents, incidents & trauma that occur at the Service to ensure the safety and wellbeing of children, educators and visitors.

SCOPE - WHO IS AFFECTED BY THIS POLICY?

- Educators
- Children
- Families
- Staff
- Management
- Students and Visitors

NATIONAL QUALITY STANDARD

QUALITY AREA 2 - CHILDREN'S HEALTH AND SAFETY

- Element 2.1.2 (Health practices and procedures) - *Effective illness and injury management and hygiene practices are promoted and implemented.*
- Standard 2.2 (Safety) - *Each child is protected.*
- Element 2.2.1 (Supervision) - *At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.*
- Element 2.2.2 (Incident and emergency management) - *Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.*
- Element 2.2.3 (Child Protection) - *Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.*

RELATED POLICIES & LEGISLATION

RELATED SWEETPEAS POLICIES AND PROCEDURES:

- Acceptance and Refusal of Authorisations
- Administration of First Aid Policy
- Administration of Medication Policy
- Child Safe Environment Policy
- Emergency and Evacuation Policy
- Emergency Evacuation Procedure
- Enrolment and Orientation Policy
- Handwashing Policy
- Illness Policy
- Incident Procedure
- Infectious Diseases Policy
- Medical Conditions Policy
- Privacy and Confidentiality Policy
- Safe Transportation of Children Policy
- Supervision of Children Policy
- Work Health and Safety Policy

RELATED EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS:

- Law S165 - Offence to inadequately supervise children
- Law S174(2)(a) - Prescribed information to be notified to Regulatory Authority
- Law S176(2)(a) - Time to notify certain information to Regulatory Authority
- Reg 86 Notification to parents of incident, injury, trauma and illness
- Reg 87 Incident, injury, trauma and illness record
- Reg 88 Infectious diseases

- Reg 89 First aid kits
- Reg 93 Administration of medication
- Reg 95 Procedure for administration of medication
- Reg 97 Emergency and evacuation procedures
- Reg 103 Premises, furniture and equipment to be safe, clean and in good repair
- Reg 104 Fencing
- Reg 161 Authorisations to be kept in enrolment record
- Reg 162 Health information to be kept in enrolment record
- Reg 168 Education and care Service must have policies and procedures
- Reg 170 Policies and procedures to be followed
- Reg 177 Prescribed enrolment and other documents to be kept by approved provider
- Reg 183 Storage of records and other documents

RELATED LEGISLATION:

- Public Health Act 2010
- Work Health and Safety Act 2011
- Work Health and Safety Regulations 2017

TERMINOLOGY

- **Australian Children's Education and Care Quality Authority** - The independent national authority that works with all regulatory authorities to administer the National Quality Framework.
- **Approved first aid qualification** - A qualification that includes training in the matters set out below, that relates to and is appropriate to children and has been approved by ACECQA.
 - Matters are likely to include: Emergency life support and cardiopulmonary resuscitation; convulsions; poisoning; respiratory difficulties; management of severe bleeding; injury and basic wound care; and administration of an auto-immune adrenalin device.
- **Emergency** - An incident, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of a person at the service. For example, a flood, fire or a situation that requires the service premises to be locked down.
- **Emergency services** - Includes ambulance, fire brigade, police and state emergency services.
- **First aid** - Is the immediate treatment or care given to a person suffering from an injury or illness until more advanced care is provided or the person recovers.
- **Hazard** - A source of potential harm or a situation that could cause or lead to harm to people or property. Work hazards can be physical, chemical, biological, mechanical or psychological.
- **Incident, Injury, Trauma and Illness Record** - also known as an *Incident Report* or Accident Report. At Sweetpeas, our accident reports are filled out on our HubHello software.
- **Injury** - Any physical damage to the body caused by violence or an incident.
- **Medication** - Medicine within the meaning of the *Therapeutic Goods Act 1989* of the Commonwealth. Medicine includes prescription, over-the-counter and complementary medicines.
- **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 management plan (MMP)** - A document that has been written and signed by a doctor. A MMP includes the child's name and photograph. It also describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition.
- **Minor incident** - An incident that results in an injury that is small and does not require medical attention.
- **Notifiable incident** - Also known as a serious incident. Any incidents that seriously compromise the safety, health or wellbeing of children. Notification needs to be provided to the regulatory authority and also to parents within 24 hours of a serious incident. The regulatory authority can be notified online through the NQA IT System.
- **Serious incident** - The definition of serious incident and related responsibilities, as stated by the *National Law and Regulations*, is detailed in the policy [below](#).
- **Trauma** - Is when a child feels intensely threatened by an event they are involved in or witnesses.

GLOSSARY OF ABBREVIATIONS

- ACECQA - Australian Children's Education and Care Quality Authority ([see above](#))
- LHD - Local Health District
- MMP - Medical Management Plan ([see above](#))
- NHMRC - National Health and Medical Research Council

DEFINITION OF SERIOUS INCIDENT

The *National Regulations* require the Approved Provider or Nominated Supervisor to notify Regulatory Authority within 24 hours of any serious incident at the Service through the NQA IT System.

It is the responsibility of **all Responsible Persons** to notify the Nominated Supervisor/Approved Provider of any serious incident as soon as possible.

According to the *National Law* (section 5) and the *National Regulations* (Regulation 12), 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.

A serious incident should be documented as soon as possible and within 24 hours of the incident, with any evidence attached.

IMPLEMENTATION AND STRATEGIES

Sweetpeas implements risk management planning to identify any possible risks and hazards to our learning environment and practices. Where possible, we have eliminated or minimised these risks as is reasonably practicable.

ILLNESS

An individual Sweetpeas *Illness Policy* has been created to clearly outline:

- Identifying signs and symptoms of illness
- Illness Monitoring forms
- Pandemic and epidemic strategies
- High temperatures and fevers
- Dealing with colds/flu
- Diarrhoea and vomiting (gastroenteritis)
- Preventing the spread of illness

INJURY OR INCIDENT

- In the event of any child, educator, staff, volunteer or contractor having an accident at the Service, an educator who has a First Aid Certificate will attend to the person immediately.
- Adequate supervision will be provided to all children.

- Any workplace incident, injury or trauma will be investigated, and records kept as per WHS legislation and guidelines.
- Procedures as per our *Administration of First Aid Policy* will be adhered to by all staff.

INCIDENT, INJURY AND TRAUMA RECORD

An *Incident Report* (aka Accident Report) completed on the *HubHello* software contains details of any incident, injury or trauma that occurs while the child is being educated and cared for at the service. The record will include:

- name and age of the child,
- circumstances leading to the incident, injury, trauma,
- time and date the incident occurred, the injury was received, or the child was subjected to trauma,
- details of the action taken by the educator including any medication administered, first aid provided, or medical professionals contacted,
- details of any person who witnessed the incident, injury or trauma,
- names of any person the educator notified or attempted to notify, and the time and date of this,
- acknowledgement by the parent/guardian (or their authorised nominee) of notification,
- signature (or digital signature) of the person making the entry, and the time and date the record was made.

Educators are required to complete documentation of any incident, injury or trauma that occurs when a child is being educated and cared for by the Service using the *HubHello Incident Report*. This includes recording incidences of biting, scratching, dental or mouth injury.

- Due to Confidentiality and Privacy laws, only the name of the child injured will be recorded on the Incident Report.
- Any other child/ren involved in the incident will not have their names recorded. If other children are injured or hurt, separate records will be completed for each child involved in the incident.
- Parents/Authorised Nominee must acknowledge the details contained in the record, sign and date the record on arrival to collect their child.

All Incident, Injury, Trauma and Illness Records must be kept until the child is 25 years of age.

MISSING OR UNACCOUNTED FOR CHILD

At all times, reasonable precautions and adequate supervision is provided to ensure children are protected from harm or hazards. However, if a child appears to be missing or unaccounted for, removed from the Service premises that breaches the National Regulations or is mistakenly locked in or locked out of any part of the Service, a serious incident notification must be made to the Regulatory Authority.

A child may only leave the Service:

- in the care of a parent,
- with an authorised nominee named in the child's enrolment record,
- with a person authorised by a parent or authorised nominee,
- because the child requires medical, hospital or ambulance care or other emergency.

Educators ensure that:

- the attendance record is regularly cross-checked to ensure all children signed into the service are accounted for,
- children are supervised at all times,
- visitors to the service are not left alone with children at any time.

Should an incident occur where a child is missing from the Service, educators and the Nominated Supervisor will:

- attempt to locate the child immediately by conducting a thorough search of the premises (checking any areas that a child could be locked into by accident),
- cross check the attendance record to ensure the child hasn't been collected by an authorised person and signed out by another person,
- if the child is not located within a 10-minute period, emergency services will be contacted, and the Approved Provider will notify the parent/s or guardian,

- continue to search for the missing child until emergency services arrive whilst providing supervision for other children in care,
- provide information to Police such as: child's name, age, appearance, (provide a photograph), details of where the child was last sighted.

The Approved Provider is responsible for notifying the Regulatory Authority of a serious incident within 24 hours of the incident occurring.

HEAD INJURIES

It is common for children to bump their heads during everyday play, however it is difficult to determine whether the injury is serious or not.

In the event of any head injury, the First Aid officer will assess the child, administer any urgent First Aid and notify the child's parents/guardians. In the case of mild injuries/bumps to the head, educators will continue to monitor the child closely for symptoms such as:

- difficulty concentrating,
- sensitivity to noise or light,
- behavioural or emotional changes,
- feeling dazed,
- fatigue,
- dizziness.

If any of the above symptoms occur, educators will notify parents/guardians to collect their child.

Emergency services will be contacted immediately on 000 if the child:

- has sustained a head injury involving high speeds or fallen from a height,
- loses consciousness,
- seems unwell or vomits several times after hitting their head.

TRAUMA

Trauma is defined as the impact of an event or a series of events during which a child feels helpless and pushed beyond their ability to cope. There are a range of different events that might be traumatic to a child, including accidents, injuries, serious illness, natural disasters (bush fires), assault, and threats of violence, domestic violence, neglect or abuse and war or terrorist attacks. Parental or cultural trauma can also have a traumatising effect on children.

This definition firmly places trauma into a developmental context:

"Trauma changes the way children understand their world, the people in it and where they belong."
(Australian Childhood Foundation, 2010).

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

Behavioural response in babies and toddlers who have experienced trauma may include:

- Avoidance of eye contact,
- Loss of physical skills such as rolling over, sitting, crawling, and walking,
- Fear of going to sleep, especially when alone,
- Nightmares,
- Loss of appetite,
- Making very few sounds,
- Increased crying and general distress,
- Unusual aggression,
- Constantly on the move with no quiet times,
- Sensitivity to noises.

Behavioural responses for pre-school aged children who have experienced trauma may include:

- new or increased clingy behaviour such as constantly following a parent, carer or staff 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 activities,
- 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.

Children 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 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 who has experienced a traumatic event. It may take time to understand how to respond to a child'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.

Educators can assist children dealing with trauma by:

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

There are a number of ways for parents, educators and staff to reduce their own stress and maintain awareness, so they continue to be effective when offering support to children who have experienced traumatic events.

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 staff member if possible,
- planning ahead with a range of possibilities in case difficult situations occur,
- remembering to find ways to look after yourself, even if it is hard to find time or you feel other things are more important. Taking time out helps adults be more available to children when they need support,
- using supports available to you within your relationships (e.g., family, friends, colleagues),
- identifying a supportive person to talk to about your experiences. This might be your family doctor or another health professional,
- accessing support resources (e.g. BeYou, Emerging Minds).

Living or working with traumatised children can be demanding so it is important for all educators to be aware of their own responses and seek support from management when required.

RESPONSIBILITIES

MANAGEMENT/NOMINATED SUPERVISOR/RESPONSIBLE PERSON AND EDUCATORS WILL ENSURE:

- service policies and procedures are adhered to at all times.
- each child's enrolment records include authorisations 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.

- parents or guardians are notified as soon as practicable and no later than 24 hours of the accident, or trauma occurring.
- an Incident, Injury, Trauma and Illness Record (Accident Report) is completed accurately and in a timely manner as soon after the event as possible (within 24 hours).
- first aid qualified educators are present at all times on the roster and in the Service.
- first aid kits are suitably equipped and checked on a monthly basis (see *First Aid Kit Stock List*).
- first aid kits are easily accessible when children are present at the Service and during excursions.
- first aid, emergency anaphylaxis management training, and asthma management training is current and updated as required.
- if the incident, situation or event presents imminent or severe risk to the health, safety and wellbeing of any person present at the Service, or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours of the incident.
- all incidents, injuries or trauma are recorded on the Service *Incident Register* to be reviewed each quarter.
- information regarding the health and wellbeing of a child or staff member is not shared with others unless consent has been provided, in writing, or provided the disclosure is required or authorised by law under relevant NSW legislation (including Child Information Sharing Scheme [CISS]).

THE WHS OFFICER AND WHS DEPUTY WILL ENSURE:

- first aid kits are suitably equipped and checked on a monthly basis (see *First Aid Kit Stock List*).
- all incidents, injuries or trauma are recorded on the Service *Incident Register* to be reviewed each quarter.
- the *Incident Register* is reviewed each quarter to identify any patterns or frequently occurring incidents.
- action is taken to reduce frequently occurring incidents, and that this is communicated with Service leader and Nominated Supervisor.

FAMILIES WILL:

- provide authorisation in the child's enrolment record for the approved provider, nominated supervisor or educator to seek medical treatment from a medical practitioner, hospital or ambulance service and if required, transportation by ambulance service.
- provide up to date medical and contact information in case of an emergency.
- provide emergency contact details and ensure details are kept up to date.
- provide the Service with all relevant medical information, including Medicare and private health insurance.
- provide a copy of their child's Medical Management Plans and update annually or whenever medication/medical needs change.
- complete documentation as requested by the educator and/or approved provider (e.g. Incident, Injury, Trauma and Illness Record) and acknowledge that they were made aware of the incident, injury or trauma.
- provide written consent for educators to administer first aid and call an ambulance if required (as per enrolment record).

RELATED SWEETPEAS DOCUMENTS AND FORMS

- First Aid Kit Stock List
- Incident Procedure
- Incident, Injury, Trauma and Illness Record (HubHello)
- Incident Report-adults
- Who to call in an emergency (each Sweetpeas service has their own version of this document)

REFERENCES

- ACECQA (2021) *Policy and Procedure Guidelines: Incident, Injury, Trauma and Illness Guidelines*.

- Australian Childhood Foundation. (2010). *Making space for learning: Trauma informed practice in schools*: <https://www.theactgroup.com.au/documents/makingspaceforlearning-traumainschools.pdf>
- Australian Government Department of Health. *Health Topics* - <https://www.health.gov.au/health-topics>
- BeYou (2020) *Bushfires response* <https://beyou.edu.au/bushfires-response>
- Department of Education (2022): *Belonging, Being and Becoming: The Early Years Learning Framework for Australia*.
- Early Childhood Australia *Code of Ethics*. (2016).
- Education and Care Services National Law Act 2010 (Amended 2018).
- Education and Care Services National Regulations (2011)
- *Guide to the National Quality Standard* (2020)
- Revised National Quality Standard (2018).
- SafeWork Australia: <https://www.safeworkaustralia.gov.au/safety-topic/managing-health-and-safety/first-aid>
- Sweetpeas Philosophy

REVIEW AND AMENDMENTS

This policy will be updated regularly to ensure compliance with all relevant legal requirements. Appropriate consultation of all stakeholders (including staff and families) will be conducted on a timely basis. In accordance with *Regulation 172* of the National Regulations, families of children enrolled will be notified at least 14 days and their input considered prior to any amendment of policies and procedures that have any impact on their children or family.

Version	Amendment(s)	Review Date	Updated By
2.	<ul style="list-style-type: none"> • Update accident form name to correct regulation 87 terminology. • All staff notified • Added 50% of staff to hold first aid 	July 2021	Janine Evans (Director)
2.1.	<ul style="list-style-type: none"> • No notable changes at this time. Policy will be reviewed thoroughly for the upcoming template change within the next 12 months. 	July 2022	Janine Evans (Director)
3.	<ul style="list-style-type: none"> • Cosmetic changes, updating template and layout. • Updated aim to more accurately reflect full scope of policy. • Added sections for Terminology and Glossary of Abbreviations to provide definitions of key terms for readers, including the definition of a serious incident. • Split the strategies into two sections: 1) Illness and 2) Injury, Incident and Trauma. • Extended policy to include more detailed information on: possible symptoms of illnesses; strategies for reducing fevers; colds/flu; dealing with gastro; illness prevention; missing children; head injuries; trauma. <i>This is in response to feedback from both staff and families wanting clearer, more specific guidelines recorded in the policy.</i> • Ensured Responsibilities were up to date in relation to Law and Regulations as well as current Sweetpeas practices and added specific responsibilities for WHS Officers and Deputies. • Removed requirement for 50% of staff to hold first aid (due to sector staffing crisis), instead requiring 	April 2023	<p>Cassandra Way (Assistant Manager)</p> <p>Janine Evans (Managing Director)</p> <p><i>With feedback from the following staff:</i></p> <p>Linda Lind (Cranebrook Assistant Director)</p> <p>Brooke Howell (Penrith Assistant Director)</p> <p>Sarah Williamson (St Clair Assistant Director)</p> <p>Taylor Dallimore (St Marys Director)</p>

Incident, Injury & Trauma Policy

Version	Amendment(s)	Review Date	Updated By
	<p>at least one person onsite and the recommendation that all staff acquire.</p> <ul style="list-style-type: none"> Updated COVID-19 procedures based on current Health advice. Added Public Health Unit contact details. Added Related Sweetpeas Documents and Forms section to collate list of documents referenced within the policy. Checked and updated references. Illness Monitoring Form to be updated into new format also. 		
4.	<ul style="list-style-type: none"> All information related to illness has been transferred to the new <i>Illness Policy</i> after staff feedback and reflection regarding the length of this policy. Due to the importance of this information being read and understood by stakeholders, we are trialling the separated policies in the hope that the information is more accessible to a wider audience. Added clarification that “Incident, Injury, Trauma and Illness Records” are colloquially known as “accident reports” after recent staff confusion. 	April-May 2024	<p>Cassandra Way (Assistant Manager)</p> <p>Janine Evans (Managing Director)</p>
4.1.	<ul style="list-style-type: none"> Removed ‘Illness’ from policy name to reduce confusion Removed some references to illness that were missed when the policies were split in the previous review. Added the adult incident report to related forms Updated references and links 	May 2025	<p>Cassandra Way (Assistant Manager)</p> <p>Janine Evans (Managing Director)</p>