Considerations

**Philosophy** - Providing a safe, caring environment.

**Children’s needs** - Treatment and care when suffering from an incident, injury, trauma or illness.

**Parent’s needs** - To feel confident that their children is cared for when they suffer from an incident, injury, trauma or illness.

**Staff needs** - A staff member of a children's service must ensure that every reasonable precaution is taken to protect a child in the care of that staff member from harm and from any hazard likely to cause injury. Staff are to have appropriate training to deal with any incidents, injuries, traumas or illnesses.

**Management** - The management of a children’s service will ensure that every reasonable precaution is taken to protect children being cared for or educated by Mount Scopus Memorial College from harm and from any hazard likely to cause injury, trauma or illness. Management must have appropriate trained staff and budget to support this training. Management may seek support when necessary from the Registered Nurses employed by the College at the Gandel and GBH campuses.

Legislation and Sources

*Education and Care Services National Law Act 2010 (National Law) and the Australian Children’s Education and Care Services National Regulations 2011 (National Regulations).*

*Victorian Worksafe*

Policy Statement

This policy will set out practices and procedures to be followed in the event a child is involved in an incident, becomes injured, suffers from a trauma, or becomes ill.

**Practices and Procedures if the child is involved in any Incident, Injury, trauma or Illness**

The *National Regulations* require that an incident, injury, trauma and illness record be kept, and that the record be accurate and remain confidentially stored until the child is 25 years old. Information should be recorded accurately as soon as possible, and within 24 hours after the incident, injury, trauma or illness (Appendix 1). This record must include:

- Name and age of the child.
- Date and time the incident, injury, trauma or illness occurred.
- History including the circumstances leading up to the incident, injury, trauma or illness.
- If ill, any signs and symptoms observed e.g. temperature, rash. For more details on treatment of illnesses and injuries refer to the Mount Scopus MC1 Practices and Procedures policy.
- The treatment provided by staff member, including any medication or first aid provided.
- Any referral to medical personnel /other external or internal agency.
- What time a parent parent/guardian was contacted or attempted to be contacted, and the name of the parent/guardian who was contacted, or attempted to be contacted.
- If the child suffered from an injury, incident or trauma an accident/ incident form must be completed.
- The staff members name and signature must be recorded along with the time and date the entry was made.
Minor Injuries, Illnesses and Incidents

All minor injuries, illnesses and Incidents are to be recorded on the running sheet (Appendix 2)

- Name and age of the child.
- Date and time the incident, injury, trauma or illness occurred.
- History including the circumstances leading up to the incident, injury, trauma or illness.
- If ill, any signs and symptoms observed e.g. temperature, rash. For more details on treatment of illnesses and injuries refer to the Mount Scopus MC1 Practices and Procedures policy.
- The treatment provided by staff member, including any medication or first aid provided.
- The staff members name and signature must be recorded along with the time and date the entry was made.
- Parents/carers are to be notified of any minor injury, illness or incident when they are collected from the Early Learning Centre.

Staff reserve the right to decline the entry of any student to the facility if that student presents with vomiting, diarrhoea or any infectious illness or disease as per the ‘Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts (Public Health and Wellbeing Regulations 2009)’ list

Serious Incidents and Complaints

A) Notification of serious incidents and complaints to the Regulatory Authority

The Regulatory Authority must be notified of a serious incident (section 174(2)(a) of the Education and Care Services National Law Act 2010) or complaint (section 174(2)(b)) in writing in the case of:

- the death of a child, as soon as practicable but within 24 hours of the death, or the time that the person becomes aware of the death
- any other serious incident, within 24 hours of the incident or the time that the person becomes aware of the incident
- a complaint within 24 hours of the complaint or incident.

Serious Incidents:

A serious incident is any serious incident at the education and care service including:

- the death of a child
- while being educated and cared for by an education and care service; or
- following an incident while being educated and cared for by an education and care service
- any incident involving injury or trauma to, or illness of, a child while being educated and cared for by an education and care service for which
- the attention of a registered medical practitioner was sought, or ought reasonably to have been sought; or
- the child attended, or ought reasonably to have attended, a hospital;
- any incident where the attendance of emergency services at the education and care service premises was sought, or ought reasonably to have been sought;
- any circumstance where a child being educated and cared for by an education and care service;
- appears to be missing or cannot be accounted for; or
- appears to have been taken or removed from the education and care service premises in a manner that contravenes these Regulations; or
- is mistakenly locked in or locked out of the education and care service premises or any part of the premises.
Complaints

A complaint is a complaint that alleges:

- the safety, health or wellbeing of a child or children was or is being compromised while that child or children is or are being educated and cared for by the approved education and care service; or
- the National Law and/or National Regulations has been contravened.

Serious Incident Forms:

Notification of Serious Incident form SIO1 and Notification of complaints & incidents (other than serious incidents) form NLO1 at www.acecqa.gov.au/application-forms/.

B) Notification of serious incidents and complaints to the Worksafe Authority

Worksafe Victoria must be notified of a serious incident within 24 hours of an incident causing hospital admission

Reporting an Incident

The staff member, or the person in charge must report the following types of incidents to WorkSafe.

Health and safety incidents:

a) Death
b) Employees or persons who require either:

- medical treatment by a doctor (eg fractures, administration of a drug or medical treatment)
- immediate treatment as an in-patient in a hospital
- incidents involving high risk equipment or plant listed in the Equipment (Public Safety) Regulations 2007

Employers, occupiers and people who are in control of workplaces and high risk equipment are required by law to notify WorkSafe about incidents involving workplace health and safety, dangerous goods as well as explosives. WorkSafe must be notified immediately by calling 132 360 and then in writing within 48 hours using one of the following forms:

- Online Incident Notification Form
- Incident Notification form (PDF)

Procedure for completing serious incident forms:

- The staff member witnessing the incident is to inform Matron (GBH) or First Aider/Office Manager (FKI) of any serious incident as soon as practicable.
- The staff member witnessing the incident is to complete a Mount Scopus internal incident form. Matron may wish to add her observations on this form as well.
- The internal incident form is to be emailed to the relevant Incident group (this group email consists of the Principal; Head of Campus; OH&S Co-Ordinator; OH&S Representative; Operations Manager & Head Matron) by the Nurse or First Aider/Office Manager on the day of the incident.
- Worksafe and The Department of Education and Early Childhood Development Regulatory Authority must also be notified, and the forms completed within 24 hours of the incident.
- The Nurse or First Aider/Office Manager is to complete the Worksafe form and fax it through to Worksafe on9641 1091.
The staff member/Kindergarten Co-Ordinator is to complete the Department of Education and Early Childhood Development and 'Lodge the Notification' with:

Department of Education and Early Childhood Development
Quality Assessment and Regulation Division
GPO Box 4367
Melbourne Vic 3001
Phone Enquiries: 1300 307 415
E-mail: licensed.childrens.services@edumail.vic.gov.au

Approved by the College Principal: ________________________________
Date: February 2016
Incident, injury, trauma and illness record

(Circle relevant type of record)

Child details

Surname: ................................................. Given names: ..........................................................<br>
Date of birth: ...../...../..... Age: ..........................................................<br>
Room/group: ..........................................................................<br>

Incident/injury/trauma/illness Details

Incident/injury/trauma

Circumstances leading to the incident/injury/trauma: ..........................................................<br>
..........................................................................................................................<br>
Products or structures involved: 
..........................................................................................................................<br>
..........................................................................................................................<br>
Location: ................................................. Time: .......... am/pm Date: ...../...../.....

Name of Witness: ..........................................................................<br>

Signature: ................................................................. Date: ...../...../.....

Nature of injury sustained:

- Abrasion, scrape
- Bite
- Broken bone / fracture
- Bruise
- Burn
- Concussion
- Cut
- Rash
- Sprain
- Swelling
- Other (please specify)
Illness

Circumstances surrounding child becoming ill, including apparent symptoms:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Time of illness: .............. am/pm       Date of illness: ....../....../......

Action Taken

Details of action taken, including first aid administration of medication:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Medical personnel contacted: Yes / No   If yes, provide details:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Details of person completing this record

Name: ........................................ Signature:

________________________________________________________________________________________

Time record was made:

________________________________________________________________________________________

am/pm   Date record was made /....../......

Notifications (including attempted notifications)

Parent/guardian: .................. Time: ........ am/pm  Date: ....../....../......

Director/teacher/coordinator: ............. Time: ........ am/pm  Date: ....../....../......

Regulatory authority (if applicable): ............. Time: ........ am/pm  Date: ....../....../......

Parental acknowledgement:

I ..............................................................

                     (name of parent/guardian)

have been notified of my child’s incident/injury/trauma/illness. (Please circle)

Signature: ........................................ Date: ....../....../......
## Minor Incident / Injury Form

**Student name:** ..............................................................

**Date of birth:** ...........................................

**Class** ..........................................

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Staff Member Name and Signature</th>
<th>Circumstances</th>
<th>Treatment</th>
<th>Parent/Carer Signature</th>
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**NOTE:** If child’s condition changes at any time, child should be taken to matron/first aider administrator for assessment and incident, injury, trauma and illness record completed.