EDUCATION AND CARE GUIDING PRINCIPLE

Accident, Incident and Trauma

Introduction

Cumberland Council’s Education and Care team are committed to ensuring the safety needs of children, young people, families (parents, care givers and guardians), educators, general public, volunteers and students are met.

Council’s Education and Care team will provide a procedure and reporting system for immediate medical aid and medical treatment if serious illness, trauma, accident or injury should occur in accordance with Regulation 85.

Council’s Education and Care staff will:

- assess the extent of injury, provide first aid and if necessary seek medical attention and contact family
- supervise and monitor children after an injury until families arrive or medical treatment is obtained
- treat all head injuries as potentially serious. Families will be contacted and medical attention recommended
- notify families by phone of injuries other than minor injuries that require first aid
- have a current approved first aid certificate and current cardio pulmonary resuscitation (CPR) certificate
- display a CPR flow chart in a prominent position in all services
- ensure all services are equipped with a suitable and fully stocked first aid kit that is kept in a position that is inaccessible to children but readily accessible to the educators in an emergency
- wear disposable gloves when dealing with bodily fluids and administering first aid
- dispose of materials used to clean wounds immediately. Bloodied materials are to be disposed of in sanitary bins or a bin which is inaccessible to children. For serious injuries, blood soaked cloths will be kept on wounds and more clothes continually added on top until medical assistance is obtained to monitor blood loss and not disturb the wounds
- report any accidents/incidents where families have been notified to their supervisor immediately. Family Day Care (FDC) educators will report to their Coordination Unit
- accompany the injured child to the hospital if the accident requires the child to be taken by an ambulance and will continue to remain with the child until family of the child or other emergency contact arrives to take care of the child. Our staff will remain with the child when being treated by a doctor, as often they will not stay for long and the child will never be left alone. The Manager Children, Youth & Families will be advised of the incident (FDC - refer to FDC – Additional Information on page 4 of this Guiding Principle)
- report all accidents that require medical treatment to the Australian Children’s Education & Care Quality Authority (ACECQA) within 24 hours via the NQAITS portal
• advise of minor incidences at the service and follow Work Health and Safety processes to reduce reoccurrences (centre based).

Definitions

Accident – requires first aid, documentation and notification

Emergency – an incident, situation or event where there is an imminent or severe risk to the safety and wellbeing of a person present at the centre

Incident – requires attention, documentation and family notification

Serious Incident – requires medical attention, documentation, and notification.

Documentation/Forms

Injury/Trauma Record

This form is to be completed when any minor or major incident or injury occurs to a child. The family will be notified when the child is collected and signs the form (a copy of this form can be given to the family if requested). The form is then filed in the child’s records. This form is designed to list incidents so any reoccurrence or pattern can be recorded. All children will have their own form.

FDC educators are required to have each accident/incident signed off by their Child Development Officer during routine home visits. FDC educators must send completed forms to the FDC office for archiving. A copy of the form must also be promptly emailed to the FDC centre director in the event that the child requires urgent medical treatment.

Injuries or incidents that require medical attention must be reported to ACECQA within 24 hours. Centre Directors are to inform their Education and Support Coordinator and forward the completed Injury/Trauma Record to be uploaded to the NQAITS portal.

Incident Record

An incident that occurs at the centre, for example a missing child, is to be documented on this form. The form is to be forwarded to the Education and Care Coordinator/Senior Coordinator/FDC Centre Director to be uploaded to the NQAITS portal.

Investigation Form

An investigation form is to be completed by the Management Team/FDC Centre Director after an incident, accident or trauma that is deemed serious occurs.

This form needs to be forwarded to ACECQA within 24 hours of the incident.

Accident/Incident at Home/School Form

This form is completed by an educator when a child presents for care with an injury that did not occur at the service. It should be completed and kept in the child’s file at the service and electronically saved to child’s file.

Professional Indemnity (centre based)

The Manager Children, Youth & Families will pass the form onto Council’s Insurance Officer.
ACECQA Notification of Complaints and Incidents (other than serious incident)

Education and Care Coordinator to notify if incident/complaint occurs that compromises the wellbeing of children in care provided by approved provider. A notification is to be submitted via the NQAITS portal.

ACECQA Notification of serious incident

To be submitted to ACECQA via the NQAITS portal within 24 hours after a notification is lodged to the Management Team/FDC Centre Director.

Notification for all services regarding serious incidents need to be submitted to NSW Early Childhood Education and Care Directorate, Department of Education.

In addition FDC need to submit to the NSW Department of Education. The Management Team will keep a log of all notifications submitted.

The Management Team will also complete an investigation of each accident to assess cause and set an action plan to prevent reoccurrence. FDC Centre Director will do the investigation for FDC educators.

Staff / educators

For the purpose of this section of this Guiding Principle staff/educators refer to those employed by Cumberland Council (not FDC educators).

If a staff member/educator injures him or herself, or complains of headaches, sore back, or has a near miss:

- the staff member/educator should notify their direct supervisor immediately
- a report must be completed in Vault, selecting the correct template - injury, illness, incident, near miss or risk - within 24 hours of the accident/incident
- supervisor will contact the Resource Management Coordinator, the Management Team and the Injury Management/ Recover at Work Coordinator as soon as possible to inform them of the accident/incident
- if medical assistance is required emergency procedures will take precedence - follow the ‘If you get injured at work’ poster. Then the staff member/ educator can complete a Work Cover form which is available through the Risk Management Coordinator
- the Director Community Development is to be notified when a Work Cover form is completed.

Work Cover posters must be visible in each workspace. They are available via the Intranet. Each Centre Director will be responsible for obtaining and maintaining these posters.

All staff/educators will be provided with lifting and bending information and hazardous manual tasks training.

General public

General public refers to everyone else other than staff/educators and clients in care (not FDC educators).
If a member of the general public enters our premises and is injured:

- they should notify the nearest staff member
- the staff member should notify the supervisor
- the supervisor will contact the Resource Management Coordinator, the Management Team and the Injury Management/Recover at Work Coordinator as soon as possible to inform them of the accident/incident
- the supervisor must complete the report in Vault, selecting the correct template - injury, illness, incident, near miss or risk - within 24 hours of the accident/incident
- if medical attention is required, emergency procedures take precedence.

Staff/educators must:

- keep copies of everything
- **not** give copies of any documentation for incidences requiring medical attention to anyone – refer the requestor to Cumberland Council’s Injury Management/Recover at Work Coordinator.
- if they feel a child is not being appropriately supervised whilst in the building, home or outdoor area by the family, tell the child and family that the behaviour is not allowed whilst in care or on the premises. This is the responsibility of all staff members/educators.

Families are required to provide written authority (included in the enrolment form) to all services to seek medical attention for their child if required.

Educators should act on their discretion in the application of first aid or CPR and in the decision to contact the child’s own doctor, or the closest doctor, or an ambulance. Other educators will assist where possible.

The service will take all reasonable care, however, in the event of a child suffering accident or illness, the service will not be responsible for the costs of any medical attention or treatment administered to a child, nor will the service be responsible directly or indirectly for any act or omission of any medical or dental practitioner or medical officer attending or treating a child (included in the enrolment form).

**Family Day Care - additional information**

When a serious accident occurs that requires more than first aid treatment, the educator will:

- assess the injury and decide whether the child should be taken to the local medical practitioner by the family or if an ambulance should be called
- call FDC Coordination Unit to inform the office of the incident. Request assistance from FDC staff if required
- if an ambulance is called and a FDC staff member has arrived at the educator’s home, accompany the child and remain with him/her until family or other responsible adult takes over at the hospital. If a staff member hasn’t arrived, the educator must remain with the other children in care. The FDC educator will ask the ambulance which hospital they are going to and notify the FDC coordination unit for them to proceed to the hospital
- take the child’s enrolment form
- take a portable first aid kit and emergency contact details for all children in care on all outings
ensure that the child’s family is contacted either by the educator or staff member, to advise them of the incident and where the child has been taken

record a full report of the accident detailing the incident and the action taken on an Injury/Trauma Record (standard format) and a copy given to the FDC Coordination Unit immediately after medical attention is sought (within 24 hours)

forward a copy of the report to the FDC educator’s insurance company immediately after the event.

It is expected that any costs incurred in ensuring prompt medical attention for a child will be covered by the families.

Family Day Care insurance form

FDC educators to complete when they have an accident or when a child in care has an accident requiring medical attention.

Statutory legislation and considerations

- Children (Education and Care Services) National Law (NSW) No 104a: Section 174
- Work Health and Safety Act 2011
- Work Health and Safety Regulation 2017 (NSW)
- Australian Children’s Education and Care Quality Authority (ACECQA) 2018, Education and Care Services National Regulations: 85, 86, 87 and 89

Attachments

- Serious Incident Investigation Report
- Accident / Incident at Home/School
- Professional Indemnity Notification
- Injury and Trauma Record
- Incident Record

Implementation date: November 2019
Next review date: August 2020
REPORT FROM CHILDREN, YOUTH & FAMILIES

Serious Incident Investigation

To be completed by management following an incident/injury that is required to be reported to ACECQA.

Date of incident: ....................................................................................................................................................

Child’s name: .......................................................... DOB: ...............................................................

Service: .................................................................................................................................................................

Location: ..............................................................................................................................................................

Time: ....................................................................................................................................................................

Activity: .................................................................................................................................................................

Educator name: .....................................................................................................................................................

Re-enacting the incident: ...........................................................................................................................................

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Conclusion: .............................................................................................................................................................

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Follow ups:

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<tr>
<th>Action</th>
<th>Responsible</th>
<th>Date to be completed</th>
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Children, Youth & Families’ Investigating Officer (Nominated Supervisor/ Management Team/FDC Centre Director)

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

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ACCIDENT / INCIDENT AT HOME/SCHOOL

Record of injury not occurring in care

Child’s name: ……………………………………………………………………. DOB: ……………………

<table>
<thead>
<tr>
<th>Date</th>
<th>Injury/behaviour</th>
<th>Conversation with parent/child/teacher</th>
<th>Name of staff (centre based)</th>
<th>Family’s signature and FDC Centre Director signature</th>
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FDC only

Educator’s first name: ……………………………………… Surname: …………………………………………………
PROFESSIONAL INDEMNITY NOTIFICATION
(Centre based)

Please keep this form in the child’s file

Date Council was first aware of the circumstances, which may result in a claim being made:


Particulars of incident:


Location:


Third party name:


Particulars of involvement of professional staff:


Name of person completing form:


Signature: .............................................. Date: ..............................................
INJURY AND TRAUMA RECORD
(Regulation 87)

*Please complete this record as soon as practicable, but not later than 24 hours after the injury or trauma

Details of person completing this record

Name: ............................ Position/role: ..........................................
Date and time record was made: ...................... Signature: ..........................................

Child’s details

Child’s full name: ..........................................................................................................
Date of birth: ........................................ Age: ........................................
Gender:  □ Male  □ Female

Injury/trauma details

Injury/trauma date: ....../....../........ Time: ............ am/pm  Location: ..........................................
Name of witness: ..........................................................................................................
Witness signature: ........................................ Date: ........................................
General activity at the time of injury/trauma: ................................................................
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Cause of injury/trauma: .............................................................................................
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Nature of injury/trauma

Indicate on diagram the part of body affected

- Abrasion / scrape
- Allergic reaction (not anaphylaxis)
- Amputation
- Anaphylaxis
- Asthma / respiratory
- Bite wound
- Bruise
- Broken bone / fracture / dislocation
- Burn / sunburn
- Choking
- Concussion
- Crush / jam
- Cut / open wound
- Drowning (non-fatal)
- Electric shock
- Eye injury
- Infectious disease (inc. gastrointestinal)
- High temperature
- Ingestion / inhalation / insertion
- Internal injury / Infection
- Poisoning
- Rash
- Respiratory
- Scratch
- Seizure / unconscious / convulsion
- Sprain / swelling
- Stabbing / piercing
- Tooth
- Venomous bite/sting
- Other (please specify)

Action taken

Details of action taken (including first aid, administration of medication etc): ..........................................................
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Did emergency services attend? Yes / No

Was medical attention sought from a registered practitioner / hospital? Yes / No

If yes to either of the above, provide details: ........................................................................................................
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Have any steps been taken to prevent or minimise this type of injury/trauma in the future? ..............
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### Notifications (including attempted notifications)

<table>
<thead>
<tr>
<th>Parent/guardian:</th>
<th>Time: am/pm</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director/educator/coordinator:</td>
<td>Time: am/pm</td>
<td>Date:</td>
</tr>
<tr>
<td>Other agency (if applicable):</td>
<td>Time: am/pm</td>
<td>Date:</td>
</tr>
<tr>
<td>Regulatory authority (if applicable):</td>
<td>Time: am/pm</td>
<td>Date:</td>
</tr>
</tbody>
</table>

### Parental acknowledgement

I .................................................................................................................. (name of parent/guardian) have been notified of my child’s injury/trauma (please circle).

Signature of parent/guardian: ............................................................... Date: ........................................

### Additional notes

The last time your child ate and drank at the centre: .................................. am/pm

Your child ate and drank the following: .................................................................................................................................

Other comments: ................................................................................................................................................

Did the child display any abnormal behaviour after the accident? YES/NO

Has the child blacked out or vomited since the injury? YES/NO

If yes, details: ...........................................................................................................................................................

Any other injury/trauma management notes: ..................................................................................................................
## INCIDENT RECORD
(Regulation 87)

*Please complete this record as soon as practicable, but not later than 24 hours after the incident*

### Details of person completing this record

<table>
<thead>
<tr>
<th>Name: .................................................................</th>
<th>Position/role: .................................................................</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date and time record was made: ...................................</td>
<td>Signature: .............................................................................</td>
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</table>

### Child's details

<table>
<thead>
<tr>
<th>Child’s full name: ..........................................................................................</th>
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<tbody>
<tr>
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<tr>
<td>Age: ...............................................................................................................</td>
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<tr>
<td>Gender:  □ Male  □ Female</td>
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</table>

### Incident details

<table>
<thead>
<tr>
<th>Incident date: ....../....../........</th>
<th>Time: ....................... am/pm</th>
<th>Location: .................................................................</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of witness: .........................</td>
<td>Witness signature: ..................</td>
<td>Date: .............................................................................</td>
</tr>
<tr>
<td>General activity at the time of incident: .................................................................</td>
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<tr>
<td>Cause of incident: ..........................................................................................</td>
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</table>

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Circumstances if child appeared to be missing or otherwise unaccounted for (including duration, who found child etc):

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Circumstances if child appeared to have been taken or removed from the service or was locked in/out of service (incl who took the child, duration):

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Action taken

Details of action taken (including first aid, administration of medication etc):
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Did emergency services attend? Yes / No

Was medical attention sought from a registered practitioner / hospital? Yes / No

If yes to either of the above, provide details:
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Have any steps been taken to prevent or minimise this type of incident in the future? 
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Notifications (including attempted notifications)

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

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

Other agency (if applicable): ........................................... 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 (please circle).

**Signature of parent/guardian:** .................................................. **Date:** ........................................

## Additional notes

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