



# INCIDENT, INJURY, TRAUMA AND ILLNESS POLICY

**SUB CATEGORY:** Health, Hygiene and Safety

## **POLICY GOAL**

To ensure clear, effective procedures are available for educators to follow in the event of an incident, injury, trauma or illness while at the service which protect the child and keep families and regulatory authorities correctly informed.

## **RATIONALE**

Under the National Law and Regulations our services has a number of obligations in relation to incidents, injuries, trauma and illness that may occur at the centre. Incident management is covered under Quality Area 2 of the National Quality Standards.

### ***“Division 2—Incidents, injury, trauma and illness***

#### ***85 Incident, injury, trauma and illness policies and procedures***

*The incident, injury, trauma and illness policies and procedures of an education and care service required under regulation 168 must include procedures to be followed by nominated supervisors and staff members of, and volunteers at, the service in the event that a child—*

- (a) is injured; or*
- (b) becomes ill; or*
- (c) suffers a trauma.*

#### ***86 Notification to parents of incident, injury, trauma and illness***

*The approved provider of an education and care service must ensure that a parent of a child being educated and cared for by the service is notified as soon as practicable, but not later than 24 hours after the occurrence, if the child is involved in any incident, injury, trauma or illness while the child is being educated and cared for by the education and care service*

#### ***87 Incident, injury, trauma and illness record***

- (1) The approved provider of an education and care service must ensure that an incident, injury, trauma and illness record is kept in accordance with this regulation.*
- (2) A family day care educator must keep an incident, injury, trauma and illness record in accordance with this regulation.*
- (3) The incident, injury, trauma and illness record must include—*
  - (a) details of any incident in relation to a child or injury received by a child or trauma to which a child has been subjected while being educated and cared for by the education and care service or the family day care educator, including—*
    - (i) the name and age of the child; and*
    - (ii) the circumstances leading to the incident, injury or trauma; and*
    - (iii) the time and date the incident occurred, the injury was received or the child was subjected to the trauma;*
  - (b) details of any illness which becomes apparent while the child is being educated and cared for by the education and care service or the family day care educator including—*
    - (i) the name and age of the child; and*

- (ii) the relevant circumstances surrounding the child becoming ill and any apparent symptoms; and
  - (iii) the time and date of the apparent onset of the illness;
  - (c) details of the action taken by the education and care service or family day care educator in relation to any incident, injury, trauma or illness which a child has suffered while being educated and cared for by the education and care service or family day care educator, including—
    - (i) any medication administered or first aid provided; and
    - (ii) any medical personnel contacted;
  - (d) details of any person who witnessed the incident, injury or trauma;
  - (e) the name of any person—
    - (i) whom the education and care service notified or attempted to notify, of any incident, injury, trauma or illness which a child has suffered while being educated and cared for by the education and care service or family day care educator; and
    - (ii) the time and date of the notifications or attempted notifications;
  - (f) the name and signature of the person making an entry in the record, and the time and date that the entry was made.
- (4) The information referred to in subregulation (3) must be included in the incident, injury, trauma and illness record as soon as practicable, but not later than 24 hours after the incident, injury or trauma, or the onset of the illness.”<sup>1</sup>

### **What is Trauma**

“Trauma is the emotional, psychological and physiological residue left over from heightened levels of toxic stress that accompanies experiences of danger, violence, significant loss and life threatening events. Young children are particularly vulnerable to the effects of trauma.”<sup>2</sup>

- **“Childhood trauma is the result of an event, or series of events, that cause a child to feel helpless and pushed beyond their ability to cope.**
- All children and young people experience events that affect them both emotionally and physically, but which don’t necessarily lead to trauma. Reactions to these events are usually brief and individuals recover without further difficulties.
- At other times, ordinary events that may not appear overwhelming from an adult’s perspective can be very frightening for a child or young person. These can include separations, falls, accidents or invasive medical procedures. Some are overwhelming to almost any child or young person – for example, exposure to violence, physical and sexual abuse, or being forced to leave their home or country.
- Some events can have an impact on children and young people, not only from direct exposure, but also by seeing and hearing about them in the media, via the internet or from adults around them.
- Sometimes the effects of trauma are immediate and more obvious but on other occasions, the impact may take some time to appear.
- Not all children and young people are affected in the same way by an event. Both the type of event and the way a child or young person responds to it contribute to whether or not they’ll be

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<sup>1</sup> “Education and Care Services National Regulations”, Ministerial Council for Education, Early Childhood Development and Youth Affairs (December 2019)

<sup>2</sup> Victorian Education and Training Website (accessed on-line April 2020)

<https://www.education.vic.gov.au/childhood/professionals/profdev/Pages/expired/stress-and-trauma-young-children.aspx>

*traumatised by it. It's a child or young person's experience of the event, rather than the event itself, that makes it traumatic or not.*<sup>3</sup>

### **Trauma and Children – Newborns to two years**

*“When babies or toddlers are exposed to life-threatening or traumatic events, they become very scared – just like anybody else. Some common reactions may include:*

- *unusually high levels of distress when separated from their parent or primary carer*
- *a kind of ‘frozen watchfulness’ – the child may have a ‘shocked’ look*
- *giving the appearance of being numb and not showing their feelings or seeming a bit ‘cut off’ from what is happening around them*
- *loss of playful and engaging smiling and ‘coo-ing’ behaviour*
- *loss of eating skills*
- *avoiding eye contact*
- *being more unsettled and much more difficult to soothe*
- *slipping back in their physical skills such as sitting, crawling or walking and appearing more clumsy.*

### **What parents and carers can do to help babies and toddlers cope with trauma?**

*Structure, predictability and nurturing are key to helping a baby or toddler who has been traumatised. There are a number of things parents and carers can do to help their baby or toddler cope with and recover from trauma.*

- *Seek, accept and increase any support you need to help you manage your own shock and emotional response.*
- *Get information and advice on how the baby or toddler is going.*
- *Learn to recognise and manage the child's signs of stress and understand cues for what is going on for them.*
- *Reduce the intensity and length of the initial stress reaction by helping the child settle and to feel safe and cared for as quickly as possible.*
- *Maintain the child's routines around being held, sleeping and feeding.*
- *Offer a calm atmosphere and soothing activities.*
- *Avoid any unnecessary separations from important caregivers.*
- *Avoid exposing the child to reminders of the trauma, where possible.*
- *Expect that the child may temporarily regress (go backwards) in their behaviour or become ‘clingy’ and dependent. Don't panic if this occurs – it is one of the child's ways of trying to cope with what they have been through.*
- *Take time out to recharge yourself.”<sup>4</sup>*

### **Trauma – Children aged 2-5years**

*“Children's responses to trauma can vary, but common reactions include:*

- *new or increased clingy behaviour, such as following the parent around the house*
- *new problems with basic skills like sleeping, eating, going to the toilet or paying attention – it may seem like they've slipped back (regressed) and got younger*
- *mood changes – the child might not seem to enjoy daily routines or activities they used to like or may seem more ‘shut down’, listless and withdrawn*
- *changed behaviour – some children might be more aggressive to parents or playmates*
- *increased fear – for example, the child may:*

<sup>3</sup> “Trauma – grief trauma and critical incidents” Be You Beyond Blue (accessed on-line April 2020)  
<https://beyou.edu.au/fact-sheets/grief-trauma-and-critical-incidents/trauma>

<sup>4</sup> “Trauma and Children – newborns to two years” Better Health Channel Victorian Government (accessed on-line April 2020)  
<https://www.betterhealth.vic.gov.au/health/HealthyLiving/trauma-and-children-newborns-to-two-years>

- *be more jumpy or startle easily*
- *develop new fears*
- *have more nightmares*
- *talk about the frightening event more or have it in their play or drawings*
- *not seem to be reassured when talking about the scary event and ask about it again and again*
- *be scared that the trauma will happen again*
- *more physical complaints for which no cause can be found, such as tummy ache or headache, being tired and other problems*
- *blaming themselves – small children are likely to misunderstand the events of the trauma and somehow think it was their fault.*

### **What parents and carers can do to help preschoolers after a traumatic event?**

*There are a number of things you can do to help your preschool age child during times of trauma:*

- *Seek, accept and increase support for yourself to manage your own shock and emotional responses.*
- *Stay calm. Listen and tolerate the child's retelling of the event.*
- *Reassure your child that the event is over and they are safe. You may have to reassure them over and over again.*
- *Respect the child's fears and give them time to learn to cope with them. It is important to acknowledge and validate the child's concerns.*
- *Protect the child from re-exposure to frightening situations and reminders of trauma. These may include TV programs, stories, movies or other reminders such as visiting or seeing pictures of the location or physical situations.*
- *Accept and help the child to name strong feelings during brief conversations, but remember that a child of this age cannot talk about these feelings or the experience for long.*
- *Expect and understand that the child may act in a more babyish way – you may need to make allowances for this, while sticking to some of the more basic household rules.*
- *Expect some difficult or uncharacteristic behaviour.”<sup>5</sup>*

### **Timeframes for keeping records**

*“If the record relates to an incident, illness, injury or trauma suffered by a child while being educated and cared for by the service, or may have been suffered following an incident that occurred while being educated and cared for at the service, until the child is aged 25*

*If the record relates to the death of a child while being educated and cared for by the service, or that may have occurred as a result of an incident while being educated and cared for by the service, until seven years after the death”<sup>6</sup>*

The National Education and Care Services Regulation Amendments, effective 1 October 2017, mean that changes have been made to the definitions of ‘serious incident’ and ‘emergency’ for notification purposes to regulatory authorities.

*“The notification of a serious incident to a regulatory authority is needed where emergency services attended an education and care service in response to an emergency, rather than as a precaution or for any other reason.*

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<sup>5</sup> “Trauma and Children – two to five years” Better Health Channel Victorian Government (accessed on-line April 2020) <https://www.betterhealth.vic.gov.au/health/healthyliving/trauma-and-children-two-to-five-years>

<sup>6</sup> “Guide to the National Quality Framework” Australian Children’s Education & Care Quality Authority Jan 2020

*An emergency is defined as an incident, situation or event where there is an imminent or severe risk to the health, safety and wellbeing of any person present at a service.*

**EXAMPLES OF SERIOUS INCIDENTS TO NOTIFY**

*A serious incident can include:*

- *the death of a child while that child is being educated and cared for at the service or following an incident while that child was being cared for by the service*
- *a serious injury or trauma while the child is being educated and cared for, which:*
- *required urgent medical attention from a registered medical practitioner; or*
- *the child attended or should have attended a hospital (e.g. a broken limb) \**
- *any incident involving serious illness at the service, where the child attended, or should have attended a hospital (e.g. severe asthma attack, seizure or anaphylaxis) \**
- *any circumstance where a child appears to be missing or cannot be accounted for*
- *any circumstance where a child appears to have been taken or removed from the service premises by someone not authorised to do this*
- *any circumstance where a child is mistakenly locked in or locked out of the service premises or any part of the premises*
- *any emergency for which emergency services attended. NOTE: It does not mean an incident where emergency services attended as a precaution.*

*\*NOTE: In some rural or remote locations a General Practitioner conducts consultations from a hospital site. Only treatment related to serious injury, trauma or illness is required to be notified.*

*A serious injury, illness or trauma includes:*

- *Amputation*
- *Anaphylactic reaction requiring hospitalisation*
- *Asthma requiring hospitalisation*
- *Broken bone/Fractures*
- *Bronchiolitis*
- *Burns*
- *Diarrhoea requiring hospitalisation*
- *Epileptic seizures*
- *Head injuries*
- *Measles*
- *Meningococcal infection*
- *Sexual assault*
- *Witnessing violence or a frightening event”<sup>7</sup>*

**“Notifying the regulatory authority of operational changes, incidents and complaints**

*The approved provider must notify the regulatory authority of certain circumstances and information, including any:*

- *significant changes to the operation of the service*
- *complaints that may impact on the regulatory authority’s consideration of provider or service approvals*
- *change relevant to the fitness and propriety of the approved provider*
- *complaints alleging that a serious incident has occurred or is occurring while a child was or is being educated and cared for by the service\*, or the National Law has been contravened \*In WA*

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<sup>7</sup> “Key Changes to Notifications, Incidents and Complaints from 1 Oct 2017” National Quality Framework, Information Sheet ACECQA, August 2017

*the approved provider must notify of complaints alleging that the safety, health or wellbeing of a child (or children) has been compromised, or the National Law has been contravened*

- *serious incidents that occur at the service*
- *any incident where the approved provider reasonably believes that physical or sexual abuse of a child or children has occurred or is occurring while the child is being educated and cared for by the service.”<sup>8</sup>*

Services can now use the on-line Notification Decision Tree (NDT) to assist them in deciding whether a notification is required and the timeframe in which that notification should be made.

*“If a notification is needed, you will be directed to the National Quality Agenda IT System to sign on and lodge the correct online form. Please include as much detail as possible, so we can quickly and accurately assess what (if any) action needs to be taken as a result of your notification.*

*If you make a notification that is not required under the law, it will be re-categorised as ‘non-regulatory’ and no further action will be taken. You will receive an email from your regional office explaining why it was considered non-regulatory.*

*Please note that information contained in the NDT is for general guidance only and you must consider the specific circumstances of each incident against the requirements of the legislation when you are making a decision about whether to notify.*

*Approved providers, educators and services may be required to report incidents or suspected incidents involving children under other State and Territory laws including child protection legislation.*

*It is the Approved Providers responsibility to understand their obligations and operate according to the law.”<sup>9</sup> The NDT can be accessed here:*

<https://earlychildhood.qld.gov.au/legislation-and-guidelines/health-and-safety/incident-and-emergency-management/notify-the-regulatory-authority>

### ***“Sexualised behaviour involving children***

*Providers and educators play an important role in making informed professional judgements regarding sexualised behaviour involving children. Not all sexual behaviour involving children poses a risk to their safety. It may be age-appropriate and expected sexualised behaviour.*

*Informed judgements regarding sexualised behaviour help to ensure the health, safety and wellbeing of children by:*

- *supporting healthy sexual development (age-appropriate sexualised behaviour)*
- *protecting them from harm or abuse (inappropriate or problem sexualised behaviour).*

### ***Resources on responding to problem sexual behaviour in children***

- *Educators and providers may find it helpful to use resources like the Traffic Lights Framework (TLF) to monitor and manage sexualised behaviours in children.*
- *The TLF was developed by True and can also be accessed as a Traffic Lights App which describes healthy sexual behaviours (green), concerning behaviours (orange) and harmful behaviours (red) for children 0-17. It also explains possible reasons for specific behaviours, suggested responses and provides case studies.*

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<sup>8</sup> “Guide to the National Quality Framework” Australian Children’s Education & Care Quality Authority Jan 2020

<sup>9</sup> “Notify the Regulatory Authority” Early Childhood Education and Care Queensland Government (accessed on-line April 2020)

<https://earlychildhood.qld.gov.au/legislation-and-guidelines/health-and-safety/incident-and-emergency-management/notify-the-regulatory-authority>

- Visit the [True website](#) for more information about these resources.
- Note that in some cases, sexualised behaviour involving children may fall within reporting requirements under other laws.
- Qld online child protection guide is a decision support guide to assist professionals to report or refer families to Department of Communities, Child Safety and Disability Services.<sup>10</sup>

## IMPLEMENTATION

### Authorisations

- Upon enrolment, authorisation will be sought by a parent or person named in the enrolment form as authorised to consent for the following;
  - medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and
  - transportation of the child by an ambulance service;
  - administration of a Paracetamol product in the event of a fever

### The following Policies should be referred to for specific procedures;

- Emergency and Evacuation Policy for procedures in dealing with a lock down or evacuation.
- Infectious Diseases Policy for procedures in dealing with illness at the centre
- Medication Policy for the administration of medication relating to an incident including where a child in care develops a fever.
- First Aid Policy for procedures about the administration of first aid at the service.
- Child Protection Policy for steps to take in the event of trauma related to abuse/harm.
- Arrival and Departure for incidents involving a child being removed by an unauthorised person.
- Privacy and Confidentiality Policy – All information should remain confidential. Information that is required to be shared with agencies supporting the needs of children should be done with respect and consideration of the needs of the child.

### Procedure for Injuries that occurred prior to attending the centre eg home:

- Families must inform educators of any injuries/trauma sustained by their child outside of centre hours by completing an Intake form on arrival. This form details the circumstances of the injury, illness or trauma and the nature of the injuries sustained. Educators must ensure this form is checked and signed prior to families leaving their child for the day and ensure the child is monitored as required. This form may be used for burns, broken limbs, severe nappy rash, previous hospital admissions etc.
- Where an educator notices an injury upon the child's arrival they should complete the form and if the parent/carer has already left the service the educator should advise the Nominated Supervisor or Responsible Person in Charge and contact the family to advise of the noticed injury. In the event that there is suspicion of harm, the parent should not be contacted initially, the Nominated Supervisor should contact the relevant Child Safety department.
- Where a child injures themselves during arrival, the Injury Intake Form should be completed and signed by both the family and educator.
- Where this form is being used to record injuries that have not been advised by families, the Nominated Supervisor should consider if the family should be contacted immediately to advise of the injuries noted or if the Child Protection Policy should be consulted for appropriate actions. It may not be appropriate to request families to sign this form under these circumstances.

### Procedure for Injuries

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<sup>10</sup> "Reporting Requirements about Children" ACECQA (accessed on-line April 2020)  
<https://www.acecqa.gov.au/resources/applications/reporting>

- Injuries can be broken into two categories;
  - Minor – where first aid is administered at the service only
  - Serious – where urgent medical attention was or ought to have been provided
- Educators should ensure that where the injury/illness requires first aid knowledge an employee with a current first aid qualification under the Regulations must attend to the injury/illness.
- Educators without a current first aid qualification can still attend to injuries/illnesses which do not require knowledge of first aid such as the application of a bandaid or attending to a minor graze.

### Minor Injuries

- Assess the injury, deliver appropriate first aid ensuring disposable gloves are used.
- Take the appropriate steps to ensure supervision of remaining children is not compromised.
- Check that no one has come into contact with the injured child's blood or body fluids. If so, those in contact are required to wash any contaminated areas in warm soapy water. Refer to the Health and Hygiene Policy.
- Educators should clean up any spills of body fluids using disposable gloves and disposable paper towels and ensure the area is sanitized. Refer to the Health and Hygiene Policy.
- The Nominated Supervisor must be notified as soon as is practicable.
- Decide (depending on the nature of the injury and the specific circumstances) whether it is necessary to contact the parent / guardian immediately.
  - If the parent / guardian is not contacted at the time of the accident, they should be told about the incident when they arrive to collect their child.
  - The child's Parent/Guardian **must be contacted for any head injuries, including injuries to the mouth, head, eye, nose, ears or teeth**
- Educators are to record details of the incident/injury on the Incident, Injury, Trauma and Illness Form which should be provided to the Nominated Supervisor and the parent/guardian as soon as practicably possible and within 24hrs.
- The Incident, Injury, Trauma and Illness Form should be signed by the person attending to the incident, the witness and the parent/guardian.
- Incident, Injury, Trauma and Illness Forms will be stored in the child's file
- A copy should also be placed in an Incident, Injury, Trauma and Illness Folder – this is to ensure it is kept until the child is 25yrs old.

### Serious Injuries

- First Aid should be administered by an employee with a current First Aid qualification under the regulation.
- The first aid adult should;
  - Ensure safety of themselves and others.
  - Assess the injury and stabilize the child.
  - Advise the Nominated Supervisor or responsible person in charge.
  - Immediately contact the parent/guardian or emergency contact.
  - Depending on the nature of the incident, the Nominated Supervisor will discuss with the parent whether they will visit a medical practitioner or whether an ambulance will be called. If more than one team member is required to ensure the child's well being, then an ambulance **must** be called.
- **Educators are to call an Ambulance immediately, without delay, if there is any severe bleeding, obvious deformities, restrictions to breathing, unconsciousness or non-responsiveness or any other potentially life-threatening condition.**



- Check that no one has come into contact with the injured child's blood or body fluids. If so, those in contact are required to wash any contaminated areas in warm soapy water. Refer to the Health and Hygiene Policy.
- Educators should clean up any spills of body fluids using disposable gloves and disposable paper towels and ensure the area is sanitized. Refer to the Health and Hygiene Policy.
- The Approved Provider and Regulatory Authority must be contacted as soon as practicable and within 24hrs. Form I01 Notification of Serious Incident must be completed and forwarded as per the form requirements.
- Nominated Supervisors and Approved Providers should consult with the Notification Decision Tree (NDT) for guidance on reporting requirements and timeframes.
- The Nominated Supervisor or Approved Provider will notify the centre's insurers if the injury was a result of an incident/accident and also provide them with a copy of the Incident, Injury, Trauma and Illness Form and the I01.
- Educators are to record details of the incident/injury on the Incident, Injury, Trauma and Illness Form which should be provided to the Nominated Supervisor and the parent/guardian as soon as practicably possible and within 24hrs.
- The Incident, Injury, Trauma and Illness Form should be signed by the person attending to the incident, the witness and the parent/guardian.
- Incident, Injury, Trauma and Illness Forms will be stored in the child's file
- A copy should also be placed in an Incident, Injury, Trauma and Illness Folder – this is to ensure it is kept until the child is 25yrs old.

#### **If an Ambulance is called**

- Provide a copy of the following to the attending ambulance officers: child's medical record and enrolment forms as well as details related to the incident, where possible the Incident, Injury, Trauma and Illness Form if completed.
- Ensure that a responsible adult meets the ambulance at the front entrance to direct them to the location of the patient.
- If a parent is not at the centre when the child is requiring transportation a team member should accompany the child to the hospital. Arrangement for maintaining supervision at the service must be made.
- It is expected that any costs incurred in ensuring prompt medical attention for a child will be met by the parents/guardians.

**IF IT IS SUSPECTED THAT A CHILD OR WORKER HAS INGESTED ANY CHEMICAL OR OTHER DANGEROUS PRODUCT IMMEDIATELY CONTACT POISONS INFORMATION CENTRE PH: 131 126**

#### **Illness**

As per the recommendations from the National Health and Medical Research Council (5<sup>th</sup> Edition *"Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services"*), *"If the child is not well enough to participate in activities they should stay at home."* Please refer to the Infectious Diseases Policy for further information.

- Parents are asked to keep children at home should they be presenting signs of being unwell prior to attending care.
- Families are asked not to provide paracetamol, Ibuprofen or other similar products to their child before attending care, especially if it is for a temperature, this is based on the National Health and Medical Research Council (NHMRC) recommendations, this is because:
  - A temperature or fever is usually a sign of illness, this may be contagious and result in a circulation of an infectious disease,

- These products mask the symptoms which may both delay the child seeking required medication attention or rest to recover from and fight the illness, and
- Your child may start to feel unwell a few hours after being dropped off as these products wear off, this may result in your child experiencing discomfort while in care. Educators will need to contact families to collect their child if they are displaying symptoms of being unwell and are not able to participate fully in the program. Refer to the Infectious Diseases Policy
- Where a child may legitimately require pain relief medication, for example after the extraction of a tooth or an injury, parents may provide paracetamol, Ibuprofen or similar for educators to administer only if:
  - There is a letter from a doctor requesting this medication for a non-infectious condition and records the frequency of administration (this may be a current prescription in the child's name with the dosage requirements)
  - Parents complete the Medication Form which is current for 5 consecutive days.
- Educators, during their welcoming conversation upon arrival, should be asking how the child is today, how they slept etc. Where families or authorised persons advise staff that their child has been unwell and has been administered pain relief, especially for a temperature, please understand that staff or the Nominated Supervisor will ask the family to take the child home and provide a clearance before returning to care. *"A child who is feeling unwell needs to be with a person who cares for them—this is usually a parent or grandparent."*<sup>11</sup>
- Where a child becomes unwell at the service, educators should:
  - provide additional attention to care for their symptoms, particular attention should be paid to unwell children who are sleeping.
  - advise the Nominated Supervisor or responsible person in charge and complete an Incident, Injury, Trauma and Illness Form.
  - Complete the "Illness, Injury, Trauma and Illness Form"
  - Record on the centre "Illness Register"
  - Where appropriate take the child's temperature and record on the "Reducing Fever Record Form".
  - Where paracetamol is required, with permission from parents, or authorised persons, refer to the Medication Policy and record on the "Reducing Fever Record Form"
  - Parents should be contacted to collect their unwell child, a clearance to return to care may be needed. The Infectious Disease Policy and *"Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services"* provides exclusion timeframes for certain conditions.
  - Implement additional cleaning practises as may be required.
  - Nominated Supervisors may provide families with a letter to their doctor providing details of their child's symptoms and if there have been other instances of similar symptoms. A sample letter is provided in *"Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services"*.
  - Nominated Supervisors and Approved Providers should consult with the Notification Decision Tree (NDT) for guidance on reporting requirements and timeframes.
  - Refer to the Infectious Disease Policy for further information

## Trauma

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<sup>11</sup> *"5<sup>th</sup> Edition Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services"* Australian Government National Health and Medical Research Council 2013.

- Educators should be mindful that each child reacts differently to a situation, the rationale provides some signs and developmental responses which may be present after a traumatic event.
- After a traumatic event, educators should take the following steps to support children to recover from a traumatic event:
  - Keep children safe and reassure them of their current safety
  - Talk to children about the traumatic event
  - Provide consistent and predictable routines with familiar carers
  - Take the time to listen, talk and play with each child
  - Manage their own reactions and conversations around the event
  - Notify the Nominated Supervisor and Approved Provider
  - Notify families of the event and their child's reaction
  - Complete the Incident, Injury, Trauma and Illness Form and ensure this is signed by parent/guardian or authorised collector
  - Nominated Supervisors and Approved Providers should consult with the Notification Decision Tree (NDT) for guidance on reporting requirements and timeframes.
  - Consider access to external support agencies,
    - visit <https://beyou.edu.au/>
    - For further information and resources about trauma and adversity: The Australian Child & Adolescent Trauma, Loss & Grief Network [www.earlytraumagrieff.anu.edu.au](http://www.earlytraumagrieff.anu.edu.au)
    - Visit the Australian Institute of Family Studies for contacts for counselling services <https://aifs.gov.au/cfca/publications/helplines-and-telephone-counselling-services-children-young-people-and-parents>
    - Better Health Channel Fact sheets [www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)
    - Relationships Australia <https://www.relationships.org.au/>

### Notifications

- Families must be informed of an incident, injury, trauma or illness involving their child as soon as practicable, but not later than 24 hours after the occurrence.
- Educators must use sensitivity when informing families and must also ask families to sign the Incident, Injury, Trauma and Illness Form upon collection. Copies of this report can be provided to families upon request, but the original must remain at the service.
- Nominated Supervisors or Approved Providers must notify their Regulatory Authority of a serious incident using the NQAITS portal.
- Nominated Supervisors and Approved Providers should consult with the Notification Decision Tree (NDT) for guidance on reporting requirements and timeframes.
- For definitions of a serious incident and reporting examples see the Rationale, National Education and Care Services Regulations or the Guide to the National Quality Framework 2017.
- Records of any incident, injury, trauma or illness must be kept until the child is 25yrs old under the Regulations S87 and S183
- The Nominated Supervisor must also notify their Public Health Unit in the event of any known notifiable diseases refer to P176 "5<sup>th</sup> Edition Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services" Australian Government National Health and Medical Research Council 2012.
- The following regulations stipulate reporting that may arise due to an incident, injury, trauma or illness:
  - 175(2)(b) any incident that requires the approved provider to close, or reduce the number of children attending, the education and care service for a period;

- 175(2)(c) any circumstance arising at the service that poses a risk to the health, safety or wellbeing of a child or children attending the service
- 176(2)(a)(ii) in the case of any other serious incident, within 24 hours of the incident or the time that the person becomes aware of the incident;
- 176(2)(c) in any other case, within 7 days of the relevant event or within 7 days of the approved provider becoming aware of the relevant information.

**Nominated Supervisors and educators will regularly reflect upon near miss and incidents as well as looking for patterns in their incident, injury, trauma and illness records. These reflections should be used to review practices, procedures, policies, communication, environments, activities and facilities to enhance children's health, safety and wellbeing.**

### **Children's Sexual Behaviour**

Educators, based on their knowledge of each child and developmental stages should consider any behaviours in children which may be sexual in nature. Not all sexual behaviour involving children poses a risk to their safety. It may be age-appropriate and expected sexualised behaviour. Educators should:

- Discuss any instances of sexual behaviour in children with the Nominated Supervisor and reflect on the behaviour, context and those involved.
- Consider the behaviour with the Traffic Lights Framework (TLF), visit the [True website](#) for more information about these resources.
- Engage in appropriate discussions with children about safe play
- Where appropriate contact families to advise of the behaviours and provide information to support the family to understand, particularly when the behaviour is healthy (TLF)
- Consider if the behaviour is concerning or harmful (TLF) and follow the Child Protection Policy steps.
- In some cases, sexualised behaviour involving children may fall within reporting requirements under other laws.
- Nominated Supervisor, in conjunction with educators should use the Qld [online child protection guide](#)
- The Nominated Supervisor, in conjunction with the Approved Provider must report to the Regulatory Authority within 24hrs if it is reasonably believed that physical or sexual abuse of a child or children has occurred or is occurring while the child is being educated and cared for by the service.

### **A child missing or unaccounted for**

Where a child appears to be missing;

- Ensure safety of all other children and if needed secure any exits or fencing which may have been compromised. Keep children calm to avoid being exposed to any trauma. Ensure adequate supervision of all children and that staffing maintains required ratios.
- Begin searching previous locations, all rooms, bathrooms, storerooms, staff areas, playgrounds and if determined areas surrounding the service, seek assistance from other adults at nearby venues if appropriate.
- If the child is not located within a few minutes,
  - Call 000 to seek assistance from police service
  - Contact the family to advise
  - No one is authorised to speak with the Media without the Approved Providers authorisation.
  - Support is to be provided to educators, children and families where identified as needed
  - The Regulatory Authority should be contact as soon as is practicable and within 24hrs.

### **Fatality**

The death of a child in care is a notifiable incident. The following procedures must be taken for any person at the service who is unresponsive:

- Immediate call to 000
- Continue to provide first aid as per instructions provided by emergency services until help arrives
- Protect other children from exposure to the unfolding situation
- Contact family advising of an incident and to attend to the designated hospital
- Ensure confidentiality from team members and others involved in the situation
- Notify Approved Provider and/or management representative
- Offer and arrange immediate support for educators involved, including arranging staffing for replacing staff from duties with children.
- Protect the scene and any related documents until police have arrived for investigation
- Do not provide information to the media or any other person by phone. The Approved Provider or a person nominated by them is the only person who should respond on behalf of the service
- Contact Regulatory Authority for both support and notification
- Contact insurance company for both support and notification
- Arrange communication, approved by Approved Provider and Insurance, to notify families and staff of an incident if appropriate.
- Compassion must be applied at all times and support offered for all involved.
- During and following the investigations any recommendations must be implemented including changes to practices, policies and training where applicable.

### **COMMUNICATION AND CONSULTATION**

- Educators and families will have access to this policy at all times.
- Educators and families will be provided with opportunities to be involved in the review of this policy.
- Educators will be advised of their responsibilities under this policy upon employment.
- Educators will ensure they communicate promptly and sensitively with families when advising of all events in relation to their child.

### **RELATED FORMS AND DOCUMENTS**

- Form I01 Notification of Serious Incident (ACECQA website)
- Incident, Injury, Trauma and Illness Form
- Infectious Diseases Policy
- First Aid Policy
- Enrolment Form
- Emergency Evacuation Policy
- Child Protection Policy
- Providing Safe Environments
- Infectious Disease Register
- Incident, Injury, Trauma and Illness Folder
- Health and Hygiene Policy
- Injury on intake form
- Confidentiality Policy
- Medication Form
- Reducing Fever Record Form

## SCOPE AND ENFORCEMENT

The failure of any person to comply with this policy in its entirety may lead to;

- Termination of child enrolment
- Performance management of an employee which may lead to termination

## RECOGNISED AUTHORITIES AND DOCUMENTS WHICH GUIDE POLICY

- “*Education and Care Services National Regulations*”, Ministerial Council for Education, Early Childhood Development and Youth Affairs (December 2019)
- “*Guide to the National Quality Framework*” Australian Children’s Education & Care Quality Authority Jan 2020
- “*5<sup>th</sup> Edition Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services*” Australian Government National Health and Medical Research Council 2013.
- “Key Changes to Notifications, Incidents and Complaints from 1 Oct 2017” National Quality Framework, Information Sheet ACECQA, August 2017
- “*Notify the Regulatory Authority*” Early Childhood Education and Care Queensland Government (accessed on-line April 2020)  
<https://earlychildhood.qld.gov.au/legislation-and-guidelines/health-and-safety/incident-and-emergency-management/notify-the-regulatory-authority>
- Victorian Education and Training Website (accessed on-line April 2020)  
<https://www.education.vic.gov.au/childhood/professionals/profdev/Pages/expired/stress-and-trauma-young-children.aspx>
- “Trauma and Children – newborns to two years” Better Health Channel Victorian Government (accessed on-line April 2020)  
<https://www.betterhealth.vic.gov.au/health/HealthyLiving/trauma-and-children-newborns-to-two-years>
- “Trauma and Children – two to five years” Better Health Channel Victorian Government (accessed on-line April 2020)  
<https://www.betterhealth.vic.gov.au/health/healthyliving/trauma-and-children-two-to-five-years>
- Notification Decision Tree  
<https://earlychildhood.qld.gov.au/legislation-and-guidelines/health-and-safety/incident-and-emergency-management/notify-the-regulatory-authority>
- “*Reporting requirements about children*” ACECQA website (accessed on-line April 2020)  
<https://www.acecqa.gov.au/resources/applications/reporting>
- “*Reporting Requirements about Children*” ACECQA (accessed on-line April 2020)  
<https://www.acecqa.gov.au/resources/applications/reporting>

**DATE CREATED:** November 2011

### REVIEW DETAILS:

Date	Details of Changes
Jan 2012	Inclusion of Form SI01 Notification of Serious Incident
January 2013	No Changes made, sources updated where applicable. Awaiting Staying Healthy in Childcare Edition 5 for further review.
March 2013	Included contacting Public Health Unit in the event of any known notifiable diseases refer to P176 “ <i>5<sup>th</sup> Edition Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services</i> ” Australian Government National Health and Medical Research Council 2012.
Sept 2013	Updated definition of serious incident as per the National Amendment Regulations 2013
Jan 2014	No changes made, sources updated where applicable

March 2015	Clarification around serious incident regulation changes and modification to contact poisons information centre if ingestion of a dangerous product is suspected.
June 2015	Addition of Intake on injury form when children arrive at centre with an injury.
April 2016	No Changes made, sources updated where applicable
December 2016	As advised in an email from ACECQA 5/12/16 there is a change to the definition of a serious incident to include the following: <ul style="list-style-type: none"> <li>● <i>is mistakenly locked in or locked out of any part of the service premises or any part of the premises.</i></li> </ul> <p>Note the related form has been amended</p>
May 2017	Sources updated. Some additional clarifications around: <ul style="list-style-type: none"> <li>● using Injury Intake Form including: <ul style="list-style-type: none"> <li>○ injury upon arrival; and</li> <li>○ Where this form is being used to record injuries that have not been advised by families, the Nominated Supervisor should consider if the family should be contacted immediately to advise of the injuries noted or if the Child Protection Policy should be consulted for appropriate actions. It may not be appropriate to request families to sign this form under these circumstances.</li> </ul> </li> <li>● Serious Incidents and the need for an ambulance</li> <li>● Forms to accompany the child should an ambulance be required</li> </ul>
September 2017	<ul style="list-style-type: none"> <li>● <i>“Guide to the National Quality Framework”</i> Australian Children’s Education &amp; Care Quality Authority October 2017 included as a source</li> <li>● Definition changes for reporting serious incidents as per October 2017 regulation changes including examples provided by ACECQA.</li> <li>● Clarification for; <b>head injuries, including injuries to the mouth, head, eye, nose, ears or teeth</b> (parent must be contacted immediately)</li> </ul>
April 2018	<ul style="list-style-type: none"> <li>● Updated source to <i>“Guide to the National Quality Framework”</i> Australian Children’s Education &amp; Care Quality Authority Feb 2018, quotes in rationale updated but no change to implementation</li> </ul> <p>Inclusion in Implementation:</p> <ul style="list-style-type: none"> <li>● Nominated Supervisors and educators will regularly reflect upon near miss and incidents as well as looking for patterns in their incident, injury, trauma and illness records. These reflections should be used to review practices, procedures, policies, communication, environments, activities and facilities to enhance children’s health, safety and wellbeing.</li> <li>● Separate sub-heading on illness, this also provides guidance for parent’s not to administer pain relief to children prior to attending care due to it masking symptoms.</li> </ul>
Aug 2018	<ul style="list-style-type: none"> <li>● Inclusion of the Notification Decision Tree (NDT)</li> </ul>
Sept 2018	<ul style="list-style-type: none"> <li>● Definition of trauma provided in rationale and steps for educators to follow after a traumatic event included in implementation.</li> <li>● Notification Decision Tree (NDT) included under Illness and Trauma procedures</li> <li>● Clarity on the procedures for managing an illness</li> <li>● Addition of reporting obligations to include Regulations 175(2)(b), 175(2)(c), 176(2)(a)(ii), 175(2)(c)</li> </ul>
May 2019	<ul style="list-style-type: none"> <li>● Updated sources</li> <li>● Updated SI01 form to I01 form as per ACECQA’s changes.</li> </ul>
April 2020	<ul style="list-style-type: none"> <li>● Updated sources and weblinks</li> <li>● Updated quotes in Rationale due to changes in websites</li> <li>● Updated references to KidsMatter to BeYou</li> <li>● Updated referral agencies</li> </ul>

	<ul style="list-style-type: none"><li>● Inclusion of information on children’s sexual behaviour in both Rationale and Implementation</li><li>● Inclusion of steps to take in the event of a death of a child at the service in Implementation</li></ul>
May 2020	<ul style="list-style-type: none"><li>● Addition of procedure for a missing child</li></ul>