



Procedure related to incident, injury, trauma and illness

Associated National Quality Standard	Education and Care Services National Law or Regulation	Associated Department policy, procedure or guideline
2.1	85 86 87	Student health in NSW schools: A summary and consolidation of policy

Educators have a duty of care to comfort and care for sick and distressed children and to administer assistance if required. These children will be supervised by an educator and comforted whilst receiving treatment.

All efforts must be made to ensure that equipment, furniture and resources are free from hazards. Any large item that is deemed unsafe (such as furniture or structural damage), is to be reported to the principal and WHS representative for immediate attention. Any smaller item is to be removed immediately to prevent injury.

All mainstream preschool staff have the HLTAID004 First Aid in Education and Care Setting, which comprises of first aid, anaphylaxis and asthma. Staff in Early Intervention and school office staff also hold this first aid certificate. All records of staff training for the school staff are located in the school server. A list of all staff with this approved qualification can be found in the preschool in the Staff Information folder.

Two comprehensive and fully stocked First Aid Kit are kept on the premises in the kitchen and outdoors, which are easily accessible to staff, but out of reach of children and readily available for excursions or visits to the school.

A Cardiopulmonary Resuscitation (CPR) chart for adults and children is displayed in prominent positions, both indoors and outdoors at the preschool.

Emergency contact numbers are displayed near all phones indoors and outdoors to ensure quick access.

Preschool Telephone for use in an Emergency

Emergency contact numbers are displayed for quick reference beside the phone.

- Emergency Services - 000
- Poisons Information - 131126
- Bankstown Police Station- 9783 2199
- Bankstown Hospital- 9722 8000
- Punchbowl Public School
1333 Canterbury Road, Punchbowl.
School: 9750 5055
Preschool: 9750 3702

The Preschool is located off Rossmore Avenue.
The nearest cross street to the Preschool is Hillcrest Street.

If an emergency service is called to attend an emergency within the preschool, a notification is to be made to Early Learning within 24 hours.

Preschool educators must complete an **incident, injury, trauma or illness** record within 24 hours of the incident. The Department of Education template complies with the information required in [regulation 87](#). This applies for all first aid administered and there is no requirement or need to keep a separate log of injuries or illnesses, or categorise them as minor or major.

It is up to the staff member on duty at the time of the incident to complete the **incident, injury, trauma or illness** record. This must be done if not immediately, then by the end of the day so that a parent signature can be obtained. Another educator is to witness the first aid being administered and sign the record. **Incident, injury, trauma or illness** record templates are kept in the office in a folder on the shelf labelled incident, injury, trauma or illness record.

The family must be notified within 24 hours of the event, and sign the acknowledgment of notification on the record ([regulation 86](#)). If the family is notified verbally, details of this will be added by an educator to the record. If parents are unable to be contacted, emergency contacts provided on the **contact information preschool** form will be contacted. Parents must inform staff of any changes in place of work, phone numbers and addresses so that records are up to date and parents are easily contactable in the event of illness, accident and/or trauma.

A child's family will also be called immediately in the event of serious injury, head injury, a fever, vomiting, diarrhoea or bite. Any injury involving the head, including a minor bump, will be reported to the principal immediately.

In the case of a serious incident the Principal or Deputy Principal will make the required notification to Early Learning within 24 hours. Early Learning will then make the required notification to ACECQA.

- Enter parent contact data record on Sentral as per PPS localised communication procedures
- If notification report received from Early Learning, add to Sentral

The definition of serious incidents that must be notified to the regulatory authority is:

- 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 serious injury or trauma to, or illness of, a child while being educated and cared for by an education and care service, which:

- a reasonable person would consider required urgent medical attention from a registered medical practitioner or
- for which the child attended, or ought reasonably to have attended, a hospital.
- e.g. whooping cough, broken limb, anaphylaxis reaction

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.

Illness, accident, injury and trauma records will be kept on the school premises until the child reaches the age of 25 years. These are collated at the end of the year and put into storage by office staff.

In the event of an injury, incident or trauma to a staff member, volunteer or student, the Principal needs to be notified and an accident report filled out and filed on school premises. The injured person also needs to report the incident within 24 hours.

Employees need to notify both the relevant line manager and the department's Incident Report and Support Hotline on 1800 811 523 as follows:

- Where an incident involves emergency services, employees should notify their manager and the hotline as soon as possible within the first hour. This allows for early intervention, management and support.
- For all other incidents, employees should notify their manager and the hotline as soon as possible within 24 hours.
- Any employee is able to report an incident to the hotline, and will receive advice and support to help them manage the incident, as well as to meet their legislative and procedural obligations.

If a Child Becomes Injured Whilst at Preschool

If a child becomes injured whilst at preschool depending on the nature of the injury, first aid will be administered by preschool educators who hold the ACECQA approved first aid certificate HLTAID004.

If the injury requires additional support preschool educators will notify the school office staff and ask for help in the preschool by first aid trained staff. If need be the school office administration staff will call an ambulance.

Whilst first aid is taking place it is up to the educators at the time to make a decision as to who is best to comfort the injured child and who is best to supervise the rest of the children. A judgement call needs to be made as to the supervision of the rest of the children depending on the nature situation. It may be the case that the rest of the preschool children will need to be taken to another part of the preschool to ensure adequate care for the injured child can be made.

If A Child Becomes Sick Whilst at Preschool

The child will be separated from the other children and made comfortable, whilst kept under supervision, for example, lying comfortably on a cushion in a quiet corner.

If the child is not well enough to participate in activities, their family will be contacted and asked to collect them or arrange for their nominated emergency contact to do so.

If a parent is called to collect a child early from preschool, the details will be documented in the **incident, injury, trauma or illness record**.

In the event of vomiting or diarrhoea the parents will be asked to keep the child at home for 24 hours after the last time it happened.

If a child appears very unwell or has a serious injury that needs urgent medical attention, an ambulance will be called.

If a child develops a serious illness whilst at preschool and as a result needs to attend a medical practitioner or hospital, a notification also needs to be made to Early Learning.

Managing the Outbreak of an Infectious Disease

If a preschool child becomes unwell and it is suspected they are suffering an infectious disease, they should be separated from the other children to stop the spread of the disease. This will be done with consideration of the child's emotional wellbeing and maintaining adequate supervision. The child's family will be contacted and asked to collect the child. The details will be documented in the **incident, injury, trauma or illness record**.

Key Resources

Incident, Injury, trauma, illness record
Preschool Notifications- DoE Fact sheet
Recommended minimum exclusion periods (Staying Healthy in Childcare Edition 5)
Leading and Operating Department Preschool Guidelines
The Early Childhood Code of Ethics.
National Quality Standard

Incident, injury, illness and trauma record

Details of person completing this form

Name		Position/role	
Date		Time	
Signature			

Child details

Child's full name		Date of birth	
Age		Gender	

Incident, injury, illness or trauma details

Please tick relevant box

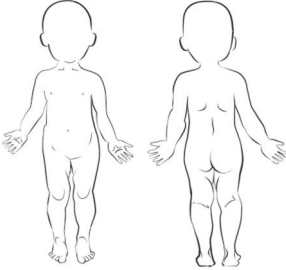
<input type="checkbox"/> Incident	<input type="checkbox"/> Injury	<input type="checkbox"/> Illness	<input type="checkbox"/> Trauma
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Date and time	
Location	
Name of witness to incident, if any	
Witness signature (if an adult)	
General activity at the time of incident/injury/trauma/illness	

Complete relevant details of:

<ul style="list-style-type: none">- Cause of incident, injury or trauma - Circumstances leading to incident, injury or trauma - Circumstances surrounding child becoming ill, including apparent symptoms and the time and date of the apparent onset of the illness - Circumstances if child appeared to be missing or otherwise unaccounted for (including duration, who found child etc.), or - Circumstance if child appeared to have been taken or removed from service or was locked in/out of service (include who took the child, duration)	
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Nature of injury/trauma/illness:

Indicate part of body affected	Circle the most appropriate description		
	Abrasion / scrap 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 (including gastro) High temperature Inhalation / insertion	Internal injury / Infection Poisoning Rash Respiratory 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.)	
Did emergency services attend?	Yes No
Was medical attention sought from a registered practitioner/hospital?	Yes No
If yes to either above, provide details here (and make a notification to Early Learning):	
Have any steps been taken to prevent or minimise this type of incident in the future?	

Notifications (including attempted notifications)

Parent/guardian		Time		Date	
Principal (if required)		Time		Date	
Early Learning (if required)		Time		Date	

Parental acknowledgment

I(name of parent/guardian) have been notified of my child's incident, injury, trauma or illness.	
Phone number	
Signature	
Date	

Additional notes:

Consistent with the Education and Care Services National Law and National Regulations 2011 notifications must be made to the NSW regulatory authority.

What is a notification?

A notification must be made to the regulatory authority if any of the following occurs at the preschool:

1. A serious incident
2. Complaints alleging that the safety, health or wellbeing of a child was or is being compromised
3. Complaints alleging the National Law has been contravened
4. An incident that requires/required the preschool to close, or reduce the number of children attending the service
5. A circumstance that poses a risk to the health, safety or wellbeing of a child attending the service
6. Proposed changes to the premises
7. Allegations that physical or sexual abuse of a child or children has occurred or is occurring while the child is being educated and cared for the the service.

If any of these occur, the Early Learning Unit must be contacted so that preschools can be supported through the notification process. The Early Learning Unit must submit the notification on behalf of the preschool.

The Guide to the National Quality Framework – page 458 has a detailed list of incidents that require notification with timeframes.

What is a serious incident?

Incidents of a serious nature requiring notification include:

- The death of a child while attending the preschool, or following an incident while attending the preschool
- Any incident involving serious injury, trauma, or illness of a child where medical attention was sought (attendance at a doctor or hospital). For example, whooping cough, broken limb, head injury, or anaphylaxis reaction
- Any incident where the attendance of emergency services at the premises was sought, or should have been sought
- If a child:
 - appears to be missing or cannot be accounted for
 - appears to have been taken or removed from the premises in a manner that contravenes the National Regulations.
 - is mistakenly locked in or locked out of the preschool or any part of the premises.
- The regulatory authority must be notified within **24 hours** of or becoming aware of a serious incident

How to make a notification?

To make a notification contact the Early Learning Unit on 9266 8165

Recommended minimum exclusion periods

ADAPTED FROM STAYING HEALTHY | 5TH EDITION | 2013

Condition	Exclusion of case	Exclusion of contacts*
Campylobacter infection	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Candidiasis (thrush)	Not excluded	Not excluded
Cytomegalovirus (CMV) infection	Not excluded	Not excluded
Conjunctivitis	Exclude until discharge from the eyes has stopped, unless a doctor has diagnosed non-infectious conjunctivitis	Not excluded
Cryptosporidium	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Diarrhoea (No organism identified)	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Fungal infections of the skin or nails (e.g. ringworm, tinea)	Exclude until the day after starting appropriate antifungal treatment	Not excluded
Giardiasis	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Glandular fever (mononucleosis, Epstein Barr virus [EBV] infection)	Not excluded	Not excluded
Hand, foot and mouth disease	Exclude until all blisters have dried	Not excluded
Haemophilus influenzae type b (Hib)	Exclude until the person has received appropriate antibiotic treatment for at least 4 days	Not excluded. Contact a public health unit for specialist advice
Head lice (pediculosis)	Not excluded if effective treatment begins before the next day at the education and care service. The child does not need to be sent home immediately if head lice are detected	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received and until at least 7 days after the onset of jaundice	Not excluded. Contact a public health unit for specialist advice about vaccinating or treating children in the same room or group
Hepatitis B	Not excluded	Not excluded
Hepatitis C	Not excluded	Not excluded
Herpes simplex (cold sores, fever blisters)	Not excluded if the person can maintain hygiene practices to minimise the risk of transmission. If the person cannot comply with these practices (e.g. because they are too young), they should be excluded until the sores are dry. Sores should be covered with a dressing, where possible	Not excluded
Human immunodeficiency virus (HIV)	Not excluded. If the person is severely immune compromised, they will be vulnerable to other people's illnesses	Not excluded
Human parvovirus B19 (fifth disease, erythema infectiosum, slapped cheek syndrome)	Not excluded	Not excluded
Hydatid disease	Not excluded	Not excluded
Impetigo	Exclude until appropriate antibiotic treatment has started. Any sores on exposed skin should be covered with a watertight dressing	Not excluded
Influenza and influenza-like illnesses	Exclude until person is well	Not excluded
Listeriosis	Not excluded	Not excluded
Measles	Exclude for 4 days after the onset of the rash	Immunised and immune contacts are not excluded For non-immunised contacts, contact a public health unit for specialist advice. All immunocompromised children should be excluded until 14 days after the appearance of the rash in the last case
Meningitis (viral)	Exclude until person is well	Not excluded
Meningococcal infection	Exclude until appropriate antibiotic treatment has been completed	Not excluded. Contact a public health unit for specialist advice about antibiotics and/or vaccination for people who were in the same room as the case
Molluscum contagiosum	Not excluded	Not excluded
Mumps	Exclude for 9 days or until swelling goes down (whichever is sooner)	Not excluded
Norovirus	Exclude until there has not been a loose bowel motion or vomiting for 48 hours	Not excluded
Pertussis (whooping cough)	Exclude until 5 days after starting appropriate antibiotic treatment, or for 21 days from the onset of coughing	Contact a public health unit for specialist advice about excluding non-vaccinated and incompletely vaccinated contacts, or antibiotics
Pneumococcal disease	Exclude until person is well	Not excluded
Roseola	Not excluded	Not excluded
Ross River virus	Not excluded	Not excluded
Rotavirus infection	Exclude until there has not been a loose bowel motion or vomiting for 24 hours ^b	Not excluded
Rubella (German measles)	Exclude until fully recovered or for at least 4 days after the onset of the rash	Not excluded
Salmonellosis	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Scabies	Exclude until the day after starting appropriate treatment	Not excluded
Shigellosis	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Streptococcal sore throat (including scarlet fever)	Exclude until the person has received antibiotic treatment for at least 24 hours and feels well	Not excluded
Toxoplasmosis	Not excluded	Not excluded
Tuberculosis (TB)	Exclude until medical certificate is produced from the appropriate health authority	Not excluded. Contact a public health unit for specialist advice about screening, antibiotics or specialist TB clinics
Varicella (chickenpox)	Exclude until all blisters have dried—this is usually at least 5 days after the rash first appeared in non-immunised children, and less in immunised children	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise, not excluded
Viral gastroenteritis (viral diarrhoea)	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Worms	Exclude if loose bowel motions are occurring. Exclusion is not necessary if treatment has occurred	Not excluded

* The definition of 'contacts' will vary according to the disease—refer to the specific fact sheet for more information.

^b If the cause is unknown, possible exclusion for 48 hours until cause is identified. However, educators and other staff who have a food handling role should always be excluded until there has not been a loose bowel motion for 48 hours.
Adapted from SA Health Communicable Disease Control Branch: <http://www.dh.sa.gov.au/pshs/branches/branch-communicable.htm>. Note that exclusion advice is consistent with Series of National Guidelines (SoNG) where available.

Staying Healthy. Preventing infectious diseases in early childhood education and care services | 5th Edition | Printed June 2013 | NHMRC Ref. CH5e

