



COMPLIANT

LEARNING RESOURCES



VOCATIONAL PLACEMENT: (EARLY CHILDHOOD EDUCATOR Certificate III) Accident/Incident/Trauma (AIT) Policy

Position Title:	Early Childhood Educator (Certificate III)
Name of Preschool/ Long Day Care:	
Responsible to:	Vocational Workplace Supervisor
Requirements:	Current First Aid Certificate, Anaphylaxis and Asthma Management training

In fulfilment of the relevant requirements leading to the qualification:
CHC30113 Certificate III in Early Childhood Education and Care

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INTRODUCTION

“To ensure the safety of all clients, parents, young people and children, educators, general public, volunteers and students and to provide a procedure and reporting system for immediate medical aid and if necessary medical treatment due to serious illness, trauma accident or injury”

“To ensure that the parent/guardian or next of kin is notified as soon as possible and that they are returned to their care”.

ACCIDENT/INCIDENT/TRAUMA POLICY

- Access the extent of injury, provide first aid as soon as possible and contact parent or seek medical attention if required.
- Children are to be carefully supervised until parents arrive or medical treatment is obtained.
- All Educators in Children’s Services must have a current first aid certificate.
- Educator must wear disposable gloves when dealing with bodily fluids and administering First Aid.
- Materials used to clean wounds will be disposed of immediately; bloodied materials are to be disposed of in sanitary bins which are inaccessible to children. (For serious injuries, keep blood soaked cloths on wounds and continue to add more on top until medical assistance is obtained to monitor blood loss and not disturb the wounds).
- Educators in Child Care Centres are to report accidents/incidents to Supervisor immediately. Family Day Care Educators report to Coordination Unit.
- If the accident requires the child to be taken by an ambulance an educator will accompany the injured child to the hospital and will continue to remain with the child until a parent of the child or other emergency contact arrives to take care of the child. Remain with the child when doctor is there as often they will not stay for long and child must never be left alone. Contact the Manager Children’s of Services to advise of incident.
- All accidents that require medical treatment are to be reported to Australian Children’s Education & Care Quality Authority, (ACECQA) within 24 hours.

FORMS

1. FORM A: Accident Report Summary

The Centre Director completes this form in the Children's Services Section monthly to assess the accidents for reduction of similar incidents.

2. FORM B - Minor Accident and Incident Report

This form is to be completed when any minor incident or injury occurs to a child. The parent/guardian or carer will be notified when the child is collected and signs this form, a copy of this form can be given to parent/guardian 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.

3. FORM C - Client in Care Incident / Trauma Injury Form

This form is to be completed electronically by Centre Director (Nominated Supervisor) or by the supervisor at the time of the injury (if medical attention is required) and then emailed to the Children's Services Liaison Officer or the School Aged Liaison Officer. Give a copy of this form to the parent when signed off by the Manager. An electronic copy should be electronically saved to the incident file on TRIM Sub3 and electronically to the child's file on TRIM.

This form needs to be forwarded to the ACECQA within 24 hours by CSLO/SALO after all other parties have completed.

4. FORM D – Accident at Home 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 Centre and electronically saved to child's file.

5. FORM E – FAMILY DAY CARE INSURANCE FORM:

For Educators to complete when they have an accident or when child in care has an accident requiring medical attention.

6. FORM F – PROFESSIONAL INDEMNITY

- a) If you give your professional opinion to a client or the general public and it is given in good faith, but the outcome for the client or general public is not positive, you must register yours and their comments on this form.
- b) If a client or member of the general public wishes to lodge a complaint then this form should be filled in.
- c) The form should be forwarded to the Manager.
- d) The Manager will pass the form onto the Insurance Officer.
- e) Optional – Phone Log Books are a good way of recording all in and outgoing information. If you wish to use the Phone Log please contact your Manager for a copy.

This form is to be used to record any incidences where injuries are for staff.

7. FORM G - (NL01) ACECQA NOTIFICATION OF COMPLAINTS AND INCIDENTS (OTHER THAN SERIOUS INCIDENT)

To notify if incident/complaint occurs that compromises the wellbeing of children in care of the provision of care provided by approved provider. Forms can be located on: www.acecqa.gov.au

8. FORM H - (SIO1) ACECQA NOTIFICATION OF SERIOUS INCIDENT

To be submitted after a Form C is lodged to CSLO then this form must be completed and submitted to ACECQA.

Forms can be located on: www.acecqa.gov.au

STAFF:

Staff refers to those employed by Sparkling Stars Childcare Centre. If a staff member injures him or herself, or complains of headaches, sore back, or has a near miss:

- The staff member should notify their direct supervisor immediately.
- Employee Accident, Incident, Near Miss and Dangerous Occurrences completing the online OHS form within 24 hours of accident.
- All staff will be provided with lifting and bending information and manual handling training.

GENERAL PUBLIC - General public refers to everyone else other than staff and clients in care

If a member of the general public enters our premises and is injured:

- a) They would notify the nearest staff person.
- b) The staff person would notify the Supervisor.
- c) The Supervisor will ring the Manager.
- d) The Supervisor will fill out the Sparkling Stars Childcare Centre Insurance Incident Report

GENERAL NOTES

- If medical attention is required, emergency procedures take precedence.
- Keep copies of everything.
- Do not give copies of anything to anyone – refer them to Sparkling Stars Childcare Centre's Risk Manager – 9840 9747.
- All forms should be completed and sent up to your Manager as soon as possible (within 24 hours is ideal) within two days is acceptable.
- If you feel a client is not being appropriately cared for whilst in the building or outdoor area it is the responsibility of the staff member to tell the client and parent/guardian that the behaviour is not allowed whilst in our care or on our premises.
- Parents are required to provide written authority (included in the Enrolment Form) to the Family Day Care Educator/ Scheme/ Centre to seek medical attention for their child if required.
- All reasonable steps will be taken to provide immediate medical aid to a child if necessary.
- Educators should act on their discretion in the application of first aid or resuscitation and in the decision to contact the child's own doctor, or the closest doctor, or an ambulance. Other Educators will assist where possible.
- Parent/ Guardian will be notified by phone of injuries that require first aid.

FORM A: ACCIDENT REPORT SUMMARY FOR THE MONTH OF _____

Day/Date/Time	Details	Location of Accident	First Aid What/Where/Who	Evaluation	Strategies

**FORM B: MINOR ACCIDENT AND INCIDENT RECORD
(NOT REQUIRING DOCTOR'S VISIT OR HOSPITALISATION)**

Child's Name:					DOB:			
Date	Time	Details	Location of accident	First Aid Administered	Educator's name and signature	Director/Coordinator's name and signature	Parent signature	Comments

**FORM C: CLIENT IN CARE INCIDENT/INJURY REPORT
(NEEDING MEDICAL TREATMENT)**

To be completed in all cases of accidents requiring medical attention or where there is concern.
Complete electronically and forward to the Manager within 24 hours.

Full Name of Client:		
Date of Birth:		
Parent's/Guardian Name:		
Address Postcode:		
Telephone:		
Date and Time of Accident:		
Where accident occurred:		
Description of How Accident Occurred:		
First aid given:		
First Aid Administered by:		
Nature of Injury:		
Was Medical Attention Recommended? YES/NO	<input type="checkbox"/> Yes <input type="checkbox"/> No	By Whom?:
Was Medical Attention Secured? YES/NO	<input type="checkbox"/> Yes <input type="checkbox"/> No	By Whom?:
Name of Medical Centre/Hospital:		
Name of Doctor:		
Subsequent Treatment of Client:		

<p>Sketch of area where accident occurred:</p> <p><i>Sketch is to include the following details (locate 1-5 on sketch):</i></p> <ol style="list-style-type: none"> 1) <i>Position where accident occurred.</i> 2) <i>Position of nearest Supervisor.</i> 3) <i>Position of remainder of group.</i> 4) <i>Approximately distance from accident to Supervisor.</i> 5) <i>Any other relevant details.</i> 	
Director of service:	Date:
<p>Risk Assessment and follow up (Risk Control Plan):</p> <p>If a child receives medical treatment, ACECQA needs to be notified within 24 hours and a Children's Services Liaison Officer is to be notified, so an independent accident investigation can be conducted.</p>	

Printable Version: [Form C](#)

FORM E: PROFESSIONAL INDEMNITY NOTIFICATION

(Please keep this form in the child's file)

Date Sparkling Stars Childcare Centre 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

.....
.....
.....
.....
.....
.....
.....
.....

INJURY/ INCIDENT LETTER

Your child (full name) _____ has been sent home on _____

From (Centre) due to the following:

Injury or incident details: _____

Details of First Aid administered: _____

First Aid administered by: _____

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/incident management notes:

Procedure for child being collected:

Educator Name who contacted parent _____

Called parent / emergency contact at _____ am / pm

Parent / emergency contact arrived at _____ am / pm

Is medical attention recommended? YES/NO

Was ambulance required? YES/NO

Please Note: The service will take all reasonable care, however, in the event of a child suffering an 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

Educator/Centre Director
Signature

Signature of person
collecting ill child

Relationship

Printable Version: [FORM E](#)