

NQS2 Children's health and safety Procedure

Child/ Centre incident reporting (affiliate)

Incident documentation

The following child and centre incidents must be documented via a Child/Centre Incident Record:

- injury an instance of being injured
- illness disease or period of sickness affecting the body or mind)
- o trauma harm/potential harm to emotional or physical wellbeing after experiencing an event or circumstance
- o near miss an incident that almost occurred which may have caused serious injury or trauma
- o lockdown
- evacuation
- security breach
- environmental/property damage

	Director/Responsible Person in Charge	Teacher/Educator
Recording Keeping	 Ensure the above child and centre incidents are documented via a Child/Centre Incident Record as soon as practical, but no later than 24hrs of any incident occurring (Reg. 87). Review, sign, and date all completed Child/Centre Incident Records. When needed, provide feedback, and ask teachers/educators to amend or re-do records if completed incorrectly. Confidentially archive completed Child/Centre Incident Records until child has reached the age of 25 (Reg.183). Completed Child/Centre Incident Records can be scanned, uploaded, and archived to a child's Kidsoft record. Once completed, confidentiality destroy hard copy records. 	 Document the above child and centre incidents via a Child/Centre Incident Record as soon as practical, but no later than 24hrs of any incident occurring (Reg. 87). Record factual information. Do not include emotive language. When multiple children are involved in an incident, complete a separate record for each child, without identifying other children involved. Promptly inform the Director/Responsible Person in Charge (RPIC) of an incident as soon as practically possible. Never take a photograph or recording of a child's injury.
Child arrives at centre with an injury	 Determine (at your discretion) if the injury (including if applicable the parent/guardian's account of how their child was injured) should be documented via a Child/Centre Incident Record. If a record is made, classify the injury as a 'injury on intake' on the Child/Centre Incident Record. When a parent/guardian or child has not advised how the injury occurred upon arrival, assess the seriousness of the injury, and determine if parents/guardians should be telephoned to ascertain further details. Ask parent/guardian to review, sign and date the record upon their arrival to collect their child. 	Where applicable, follow Responding to and Reporting a Child Protection Concern Procedure when there is a reasonable suspicion that a child has suffered, is suffering, or is at unacceptable risk of suffering, significant harm caused by physical or sexual abuse, and there is not a parent/guardian willing and able to protect the child from harm.

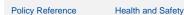
Notifying parents/guardians of incidents involving their child

Teachers/educators will:

- Notify parents/guardians as soon as practical but no later than 24hrs of any incident involving their child. (Reg. 86)
- Assess the seriousness of an incident and determine if a child's parents/guardians should be notified immediately by telephone and/or informed face to face upon collecting their child on the same day of the incident occurring.
- Immediately notify parents/guardians by telephone if their child:
 - o Has injured their head or face.
 - Is displaying signs or symptoms of concussion. Direct parents/guardians to collect their child as soon as
 possible and seek urgent medical treatment.
 - Has been bitten by another child.
- Ask parents/guardians to review, sign and date their child's *Child/Centre Incident Record*. Provide a copy to parents/guardians when requested.

parents/guardians when requested.

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Notifiable incidents and circumstances

The Education and Care Services National Law, requires centres to notify the regulatory authority when the following incidents and circumstances occur. Strict reporting timeframes apply.

Incidents and circumstances	
 Any incident involving a serious injury or trauma to a child while attending a centre, which: a reasonable person would consider required urgent medical attention from a registered medical practitioner; or the child attended or ought to have reasonably attended a hospital e.g., broken limb). In some rural and remote locations, a GP completes consultations in a hospital. Any incident involving serious illness of a child while attending a centre and the child attended or ought to have reasonably attended a hospital e.g., acute asthma, seizure, or anaphylaxis. Any emergency for which emergency services attended. Not all instances that required the attendance of emergency services need to be reported. An emergency is defined as an incident or event where there is an imminent or severe risk to a person's health, safety and wellbeing. A child is missing or cannot be accounted for. A child appears to have been removed from the premises by a person not authorised by a parent/guardian. A child is mistakenly locked in or out of the premises or any part of the premises. Any incident requiring the centre to close or reduce the number of children attending the centre for any period. The centre is educating and caring for an extra child(ren) due to an emergency. The death of a child while at a centre or following an incident while attending a centre. 	24hrs
 Any incident of physical and/or sexual abuse of a child(ren) has occurred or is occurring while the child is being educated and cared for by the centre. 	7 days
 Any circumstance that poses a significant risk to the health, safety and wellbeing of a child attending the centre. 	

Notifiable incident and circumstance reporting steps		
Teachers/ Educators will:	 Immediately notify Director/RPIC. Complete <u>Child/Centre Incident Record.</u> 	
Director/ RPIC will:	 As soon as practical, but not later than 24hrs of the incident occurring, notify parent / guardian. Ask parent to review and sign completed <u>Child / Centre Incident Record</u>. Within 12hrs → notify Committee President. Seek Early Childhood Education Consultant support if required. Within 24hrs → notify (via phone) local regulatory authority – Early Childhood Education and Care and submit notification via the National Quality Agenda IT System with attached incident record. 	
Q&R Team will:	Submit notification via NQAITS within reporting timeframes.	
Chief Operations Officer will:	10. Sight notification.	

Notifiable complaints and allegations

Centres are required to notify the regulatory authority when certain complaints and allegations are received. Strict reporting timeframes apply.

Complaints and allegations	
 Any complaint alleging that a serious incident has occurred or is occurring at an education and care centre. Any complaint alleging that the Education and Care Services Law/Regulations has been breached. 	24 hours
 An allegation that physical or sexual abuse of a child(ren) has occurred or is occurring while the child is being educated and cared for by the centre. 	7 days

Policy Reference

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How to report a notifiable complaint?

Educator

- Listen and thank person for raising their concerns. Provide reassurance their complaint will be addressed. 1.
- Immediately notify Centre Director / Responsible person in charge.

Centre Director / Responsible person in charge

- Fulfil responsibilities as per complaint management service protocols.
- Within 12hrs → Notify Committee President. Seek Early Childhood Education Consultant support if required. 4
- Within 12hrs → Complete relevant notification via the National Quality Agenda IT System with record of complaint attached.
- Within 24hrs → Notify local regulatory authority via phone.

A complex and escalating child behaviour incident?

A complex and escalating child behaviour is a single incident or pattern of behaviour that has posed a significant risk to a child's or educator's health, safety and/or well-being, e.g. biting, hitting, or throwing objects.



Except for the purpose of protecting the immediate safety of a child, do not apply any physical force that holds or restricts a child against their will to force compliance. e.g. restraining, pulling, pushing or grabbing.

Educator

- Respond appropriately. Refer to <u>Supporting Children's Behaviour Procedure</u>. If required, administer appropriate
- As soon as practical complete Child Behaviour Record. When physical force/intervention was required, complete a Child/Centre Incident Record instead of a Child Behaviour Record.
- Notify centre Director / Responsible person in charge.

Centre Director / Responsible person in charge

- Notify parent / quardian as soon as practical, but not later than 24hrs of the incident occurring. Ask parent / guardian to review and sign Child Behaviour Record/ Child/Centre Incident Record
- Notify C&K Early Childhood Education Consultant and C&K Early Childhood Pedagogy Advisor (ECPA).
- Determine if a notification to regulatory authority is required. Seek support from Early Childhood Education Consultant if required.
- 7. If not already in place, develop an Behaviour Support Plan/Education Support Plan (with the assistance of your ECPA) in consultation with parent / guardian and other relevant stakeholders. If already developed, update plan accordingly.
- If appropriate and recommended, develop a Risk Assessment- Complex Behaviours Form.
- Ensure all educators are aware of behaviour quidance and risk management strategies.
- 10. Upload completed documents to Kidsoft under the Child's document tab.

Early Childhood Education Manager and Early Childhood Pedagogy Advisor

11. C&K Early Childhood Education Manager / C&K Early Childhood Pedagogy Advisor to provide appropriate ongoing support and advice.

Identifying and reflecting on incident trends

- Identifying and reflecting on incident trends (via optional tool Identifying and Reflecting on Incident Trends) is an important element of continuous improvement and ensuring a safe environment for children.
- When a trend is identified, implement preventative actions to improve practice and minimise the risk of incidents re-occurring. Strategies include:
 - Modifying the centre environment e.g., removing equipment, rearranging layout and/or installing safety equipment.
 - Regular audit, quality, and risk assessments to identify hazards and rectify issues.
 - Reviewing best practice guidance from recognised authorities e.g. Staying Healthy: Preventing infectious diseases in early childhood education and care services, Kidsafe.
 - Discussions, reminders and regular communication with children and families about health and safety practices.
 - Staff training and development in relation to children's health and safety.
 - Establishing dedicated roles/teams responsible for health, safety and wellbeing.

Acknowledgements and references

Australian Children's Education and Care Quality Authority Reporting requirements about children

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