Injury, Incident & Illness Procedure

Injury / Incident

Includes any child, adult, or employee injured on site.

A first aid kit will be available at all times. It will be maintained in accordance with criterion PF28 (appendix 1) and checked termly to replace used items or items past their use-by-date.

Teachers will have current first aid training.

Teachers will administer first aid treatment and/or assess the condition of any child or adult who requires attention, either as a result of an accident or illness, and in consultation with other teachers decide the most sensible course of action depending on the severity of the accident/illness.

Teachers should not hesitate to **phone Emergency Services on 111**

Following a critical event health and safety policy and procedures will be reviewed as necessary.

Child Injury

- Teachers will assess and apply first aid if required.
- For serious accidents, which teachers cannot manage at kindergarten, medical help will be sought by calling 111.
- Teachers will attempt to contact parents immediately following a serious child injury.
- For any blood or body fluid injuries follow the safe guidelines in the hygiene and infection control procedure.
- All incidents and injuries must be recorded on the DK Sharepoint ‘Injury and incident’ form by the attending teacher. Parents must be notified when an injury occurs and sign the injury and incident form.
- If an injury or incident requires an external investigation this will be carried out by the general manager.
- All injury and incident forms must be filed. For children file with the child’s enrolment card. For adults file in staff folder.
- If follow up treatment is required, please document this on the DK Sharepoint ‘Investigation and further medical treatment’ form.
- **Contact DK General Manager or Senior Teacher immediately following any injury/incident whereby you:**
  - ask parents to come and collect the child due to injury/incident
  - advise parents to seek further treatment, such as doctor/dentist/hospital
  - phone 111 for emergency services
  - or you suspect it could be a notifiable event/injury/incident
- If a teacher is required to accompany a child to a doctors or emergency clinic, contact an adult from your emergency relievers list and inform DK.
- **When a Notifiable event (Injury/Illness/Incident) occurs, the general manager must notify Worksafe NZ 0800 030 040, as soon as possible and a written report is sent within seven days. (Refer to Notifiable event definitions).** The Ministry of Education must also be notified by the General Manager.
- If an identified hazard has caused an injury, check if the controls are adequate. For a new hazard add to the hazard register and follow procedure for hazard management.
Employee Injury

- The process for Child Injury will be followed.
- If a teacher or other employee goes home as a result of an injury contact Dunedin Kindergartens to inform them.
- The DK Sharepoint ‘Injury and incident’ form will be used to document the injury.
- If an injury or incident requires an external investigation this will be carried out by the general manager.
- Any injury to an employee should be managed by contacting the general manager and using the ‘Injury management flow chart’ (appendix 2). Also refer to the ‘Return to Work’ procedure.
- When a Notifiable event (Injury/Illness/Incident) occurs to an employee, contractor or any member of the public, the general manager must notify Worksafe NZ 0800 030 040, as soon as possible and a written report is sent within seven days.
- If an identified hazard has caused an injury, check if the controls are adequate. For a new hazard add to the hazard register and follow procedure for hazard management.

Illness

Sudden Illness

- When a child attending kindergarten develops any illness, all practicable steps must be taken to isolate the child from the others attending kindergarten and return the child to the care of a parent, guardian, or whānau member without delay.
- For serious illnesses which teachers cannot manage at kindergarten, medical help will be sought by calling 111.
- There must be an area where unwell children can lie down away from other children
- Unwell children will be cared for and supervised at all times.
- The DK Sharepoint ‘Injury and incident’ form will be used to document illness. Parents must be notified and sign the injury and incident form.

Infectious Illness

- Any child who is suffering from an ailment or illness may be excluded from attending at the discretion of the Head Teacher if they believe they may constitute a risk to the health of others. (Second Schedule of the Health (Infectious and Notifiable Diseases) Regulations 1966)
- The Infectious Disease for Criteria HS26 (appendix 1 Licensing Criteria for Early Childhood Education and Care Centres 2008) will be referred to as a basis for informed decision.
- Contact your public health nurse if you are concerned about any infectious disease (including vomiting and diarrhoea), particularly if a large number of people appear to have the same symptoms, or if you notice anything ‘out of the ordinary’.
- The kindergarten community should be informed of the outbreak of infectious diseases that have been diagnosed in children enrolled at kindergarten.
- The recommendation of absence from kindergarten following a vomiting and diarrhoea (Gastroenteritis) episode is 48 hours.
- Follow the Hygiene and Infection control procedure for vomiting or diarrhoea incidents and for any blood or body fluid incidents.
- It is recommended you step up your daily cleaning by cleaning more often and more thoroughly if you have an outbreak of illness.
Employee Illness

- If a teacher or other employee goes home unwell, contact Dunedin Kindergartens to inform them.
- The DK Sharepoint ‘Injury and incident’ form will be used to document illness.

Adult Exclusion

- The Head teacher may, at their discretion, exclude from the kindergarten any person who is suffering from an ailment or illness that may constitute a risk to the health of others.

Escape

- Contact DK General Manager or Senior Teacher immediately following an escape incident.
- All incidents of escapes must be recorded on the DK Sharepoint ‘Injury and incident’ form by the attending teacher. These must then be signed by the parent.
- For escapes, please also document this on the DK Sharepoint ‘Investigation and further treatment’ form after the event.
- If an incident requires an external investigation this will be carried out by the General Manager. The Ministry of Education must also be notified of all escapes by the General Manager.
- All incident forms must be filed. For children file with the child’s enrolment card.
- Check if the controls are adequate. For a new hazard add to the hazard register and follow procedure for hazard management.

Near miss

- All incidents of near misses must be recorded on the DK Sharepoint ‘Injury and incident’ form by the attending teacher. These must then be signed by the parent.
- All incident forms must be filed. For children file with the child’s enrolment card.
- Check if the controls are adequate. For a new hazard add to the hazard register and follow procedure for hazard management.

Please also refer to:

- Hygiene and Infection Control Procedure
- Cleaning Procedure
- Return to Work Procedure
Appendix 1:  
First aid requirements for Criterion PF28

First aid kits should include the following:

- disposable gloves
- sterile saline solution (or some other means of cleansing wounds)
- safety pins, bandage clips or tape (or some other means of holding dressings in place)
- sterile wound dressings, including sticking plasters
- rolls of stretchable bandage
- triangular bandage (or some other means of immobilising an upper limb injury)
- scissors
- tweezers
- cold pack
- first aid manual
- National Poisons Centre phone number - 0800 POISON / 0800 764766
- Healthline phone number - 0800 611 116

The first aid kit may also contain any Category (i) medicines the service chooses to use, providing the appropriate written authority has been gained from parents (see Criterion HS28).

Ensure used items are replaced, and any perishable items are not past their use-by-date.
1. Employee reports an injury and seeks first aid and/or treatment

2. Activate injury management

3. Record on the injury and incident form

5. Will the employee be off work for more than seven calendar days?

   YES

   6. The General Manager maintains contact with the employee and discusses return to work options. Written record maintained.

   7. Is the employee expected to return to their pre-injury job?

      NO

      YES partially

      YES fully

      Light duties

   NO

   10. Has the injured person recovered as expected?

      NO

      YES

     11. With the employee’s consent contact case manager to discuss vocational rehabilitation and long-term options

     12. Employee returns to work (with medical clearance if required)

     13. Monitoring

     9. Employer supports employee and reinforces medical providers’ recommendations

     8. The employee returns to full duties

   NO

   YES

   If notifiable event, GM to notify Worksafe and MOE
### Appendix 3:

**Infectious diseases for criterion HS26**

Note: Conditions marked with an asterisk (*) are notifiable diseases.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Time between exposure and sickness</th>
<th>This disease is spread by...</th>
<th>Early signs</th>
<th>Infectious period</th>
<th>Action to be taken</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chicken Pox</strong></td>
<td>10 – 21 Days</td>
<td>Coughing and sneezing. Also direct contact with weeping blisters.</td>
<td>Fever and spots with a blister on top of each spot.</td>
<td>From up to 5 days before appearance of rash until lesions have crusted (usually about 5 days).</td>
<td>Exclude from service for one week from date of appearance of rash.</td>
</tr>
<tr>
<td><em>Hepatitis A</em></td>
<td>15 - 50 days (average 28 - 30 days).</td>
<td>From food or water contaminated with faeces from an infected person; or by direct spread from an infected person.</td>
<td>Nausea, stomach pains, general sickness. Jaundice a few days later.</td>
<td>From about 2 weeks before signs appear until 1 week after jaundice starts.</td>
<td>Exclude from service for 7 days from onset of jaundice.</td>
</tr>
<tr>
<td><em>Hepatitis B</em></td>
<td>6 weeks - 6 months (usually 2 - 3 months).</td>
<td>Close physical contact with the blood or body fluids of an infected person.</td>
<td>Similar to Hepatitis A.</td>
<td>The blood and body fluids may be infectious several weeks before signs appear and until weeks or months later. A few are infectious for years.</td>
<td>Exclude from service until well or as advised by GP.</td>
</tr>
<tr>
<td><em>Measles</em> (immunisation usually prevents this illness)</td>
<td>Usually 10 days to onset, 14 days to rash.</td>
<td>Coughing and sneezing. Also direct contact with the nose / throat secretions of an infected person.</td>
<td>Generally unwell, fever, headache, vomiting, sometimes a rash.</td>
<td>From the first day of illness until 4 days after the rash begins.</td>
<td>Exclude from service for at least 5 days from onset of rash.</td>
</tr>
<tr>
<td><em>Meningitis</em> (Meningococcal)</td>
<td>2 - 10 days (usually 3 - 4 days).</td>
<td>Close physical contact such as sharing food and drinks, kissing, sleeping in the same room.</td>
<td>Generally unwell, fever, headache, vomiting, sometimes a rash.</td>
<td>Until 24 hours after starting treatment with antibiotics.</td>
<td>Exclude from service until well enough to return.</td>
</tr>
<tr>
<td><em>Mumps</em> (immunisation usually prevents this illness)</td>
<td>Usually 16 - 18 days.</td>
<td>Contact with infected saliva - coughing, sneezing, kissing and sharing food or drink.</td>
<td>Pain in jaw, then swelling in front of ear, and fever.</td>
<td>For one week before swelling appears until 9 days after.</td>
<td>Exclude from service until 9 days after swelling develops, or until child is well, whichever is sooner.</td>
</tr>
<tr>
<td>Ringworm</td>
<td>10 - 14 days</td>
<td>Contact with infected person's skin or with their clothes or personal items. Also through contaminated floors and shower stalls.</td>
<td>Flat spreading ring-shaped lesions.</td>
<td>While lesions are present, and while fungus persists on contaminated material.</td>
<td>Restrict contact activities e.g. gym and swimming until lesions clear.</td>
</tr>
<tr>
<td><em>Salmonella</em></td>
<td>6 - 72 hours (usually 12 - 36 hours).</td>
<td>Under-cooked food like chicken, eggs and meat; food or water contaminated with faeces from an infected person or animal; or direct spread from an infected person or animal.</td>
<td>Stomach pain, fever and diarrhoea.</td>
<td>Until well, and possibly weeks or months after.</td>
<td>Exclude from service until well with no further diarrhoea.</td>
</tr>
<tr>
<td>Streptococcal Sore Throat</td>
<td>1 - 5 days</td>
<td>Usually contact with the secretions of a strep sore throat.</td>
<td>Headache, vomiting, sore throat.</td>
<td>For 24 - 48 hours after treatment with antibiotics is started.</td>
<td>Exclude from service until 24 hours after antibiotics started.</td>
</tr>
<tr>
<td><em>Whooping Cough</em> (immunisation usually prevents this illness)</td>
<td>5 – 21 days (usually 7-10 days)</td>
<td>Coughing. Adults and older children may pass on the infection to babies.</td>
<td>Running nose, persistent cough followed by &quot;whoop&quot;, vomiting or breathlessness.</td>
<td>For 3 weeks from the first signs if not treated with antibiotics. If the child has had antibiotics, until 5 days of the antibiotic treatment.</td>
<td>Exclude from service until 21 days from onset of coughing or after 5 days antibiotics.</td>
</tr>
</tbody>
</table>