

CEEC HS PRO INCIDENT & INVESTIGATION PROCEDURE

Policy Domain	HEALTH AND SAFETY
Document type	PROCEDURE
Applicable to	CATHOLIC EARLY EDCARE
Version	0.4
Date approved	12/08/2020
Approved by	DIRECTOR, CATHOLIC EARLY EDCARE
Review date	12/08/2021
Policy Sponsor	HEALTH AND SAFETY
Related policy documents	Archbishop WHS Policy Statement Archdiocese Of Brisbane Health And Safety Policy Archdiocese Of Brisbane WHS Incident Management And Investigation Procedure Centacare Workplace Rehabilitation For Work Related Injury Or Illness Procedure Centacare Management Of Non-Work Related Injury Or Illness Procedure CEEC HS POL Incident And Investigation Policy CEEC HS PRO WHS Notifiable Incident Procedure CEEC GOV POL Governance And Service Management
Related legislation	Work Health And Safety Act 2011 Work Health And Safety Regulations 2011 Work Health And Safety - Codes Of Practice Education And Care Services National Law (QLD) Act 2011 Education And Care Services National Regulations 2011 Education And Care Services National Amendment Regulations 2017 Guide To The National Quality Framework

PURPOSE

To establish a standard operating procedure for the reporting of child and adult incidents, injuries, illness and trauma for Catholic Early EdCare (CEEC).

SCOPE

This procedure applies to all workers as defined in the WHS Act and all children in the care of Catholic Early EdCare.

1. GUARDIAN

- 1.1 The primary incident reporting system for Catholic Early EdCare is the Guardian online reporting system.

2. SAFEGUARDING REPORTS AND EMERGENCY INCIDENTS

- 2.1 All safeguarding reports are to be submitted to the Area Manager and/or Catholic Early EdCare General Manager via email and reported by using the Catholic Early EdCare Safeguarding Children Report Form available on AI. Safeguarding reports are not to be entered into Guardian.
- 2.2 All emergency incidents (fire/lockdown etc.) are to be submitted to the Area Manager and Catholic Early EdCare WHS Advisor via email and reported via the CEEC HS FORM Emergency Incident available on AI.

3. USE OF MOBILES AND TABLETS

- 3.1 Guardian is not permitted to be accessed and utilised from either Catholic Early EdCare provided mobiles/tablets, nor is the use of personal mobiles or tablet devices permitted by Catholic Early EdCare.

4. LOG IN TO GUARDIAN

- 4.1 Services will be provided with log in's to Guardian relevant to their requirements.
- 4.2 Generally, Services will have a log in for the Director/Coordinator and a general service log in (for all other staff/Educators). Some Services will be provided with log ins for Assistant Directors/Assistant Coordinator/Hub Coordinator or Manager (as required)
- 4.3 Directors and Coordinators (when absent from their service i.e. annual leave) are responsible for determining the requirement to share their log in with other Responsible Persons.
- 4.4 Service staff members are not permitted to create their own log in to Guardian and can only use the log in's provided by Catholic Early EdCare.

5. USING GUARDIAN

- 5.1 Guidance on how to use Guardian is provided on AI at the following location - <http://ai.catholic.net.au/ads/wr/whs/guardian/Pages/Guardian.aspx>. This guidance includes instruction videos and the contact numbers of support personnel within Centacare.
- 5.2 In its simplest form, the Guardian system is the facilitator that allows Services to electronically create an incident report form that is printed and held on the child's record at a Service.

6. RE-ENTERING OR EDITING A GUARDIAN SUBMISSION

- 6.1 Services (via either the Coordinator/Director or 'Service' log in) are unable to re-enter or edit a previously submitted incident report and add further or new information (including the attachment of documents such as photos, statements etc.). Therefore should additional information come to light post submission, this is to be emailed to the Services' Area Manager and/or Catholic Early EdCare WHS Advisors who have the ability to add to the original submission. In circumstances where additional information is added by the Services' Area

Manager and/or Catholic Early EdCare WHS Advisors to an incident report post submission, there is no requirement to reprint and provide a further copy of the updated record to the Parent/Carer.

- 6.2 Once printed from Guardian, a paper incident report cannot be amended or added to. The only exception to this is the addition to the printed form that is permitted is the Parent/Carer signature and the Responsible Person signature (including time and date).
- 6.3 The original printed copy of the incident as submitted to Guardian is the record of the incident at the time of submission and further amendments to the record made by Area Managers and/or Catholic Early EdCare WHS Advisors are for the purpose of maintaining the Approved Providers record relating to the incident and any investigation.

7. ACTION REQUESTS

- 7.1 Guardian has the capability for senior management to request actions are undertaken (actions can be individual by nature or form part of an investigation) and this can include 'rejecting' a submission and asking for it to be amended.
- 7.2 Should a Service receive an action request this is to be completed as soon as reasonably practicable based upon the risk rating by a Responsible Person at the Service (in this situation points 9.1, 10.1, and 10.2 apply). The maximum timeframe for the completion of actions is two months, while extreme risk actions must be addressed immediately.

8. GUARDIAN ONLINE REPORTING SYSTEM TRAINING

- 8.1 Directors and Coordinators will provide training, instruction and guidance to all staff members and Educators in the Guardian reporting system.
- 8.2 The Approved Provider will provide training to Responsible Persons, Area Managers and Rosalie staff members in the Guardian online reporting system on commencement of employment and as required throughout the year.
- 8.3 A Responsible Person may contact Catholic Early EdCare WHS Advisors at any time to request further training or general assistance with Guardian.

9. GUARDIAN REPORTING TIMEFRAMES

- 9.1 Catholic Early EdCare requires all submissions to Guardian to be completed within 24 hours from the time of the child incident/injury/illness/trauma. However the more serious the incident/injury/illness/trauma; the sooner Catholic Early EdCare expects this to be submitted onto the Guardian system as soon as is reasonably practical. This reporting requirement does not replace the need for the Service to contact their Area Manager via phone to notify of these incidences.

10. ADDITIONAL INFORMATION/WITNESS STATEMENTS

- 10.1 Staff/Educators should utilise the following templates when providing a witness statement and/or providing additional information in relation to an incident –
- CEEC HS FORM Additional Information
 - CEEC HS FORM Witness Statement
- 10.2 Additional information or witness statements can be added to a Guardian incident report at time of reporting. However once submitted, refer to points 6.1 to 6.3 for the process of providing witness statements/additional information statements after submission.
- 10.3 It is recommended Services print several blank copies of the additional information form and the witness statement form and have them available at their Service. They should be signed by the person completing the form and Services need to avoid the practice of having witness statements/additional information provided on scrap paper.

11. REPORTING TO WHS QUEENSLAND

- 11.1 The Centacare WHS Manager is responsible for ensuring incidents are reported (as appropriate) to the Director of WHS (Archdiocese of Brisbane) and Worklace Health and Safety Queensland (as detailed in CEEC HS POL Incident and Investigation Policy and CEEC HS POL WHS Notifiable Incident Policy).
- 11.2 Services are not permitted to report incidents externally without approval from Senior Management.

12. CHILD INCIDENT PROCEDURE

- 12.1 Catholic Early EdCare Services are required to report to the Approved Provider child incidents, child injuries, child illness and child trauma that occurs to children in the care of Catholic Early EdCare, and/or that occur on Service premises (licensed space) during hours of operation to children in the care of Catholic Early EdCare.
- 12.2 Services are required to implement the following process should an incident occur where an injury, incident, illness or trauma occurs at the service. The staff member who is first on the scene of the incident illness is to:
- Attend the child, ensure the child is as calm and comfortable as possible
 - Commence First Aid (if trained), or inform the nearest First Aid Officer they are required
 - Instruct staff to inform the Responsible Person in Charge, assemble children and move children away from the site of the incident
 - Instruct a staff member to collect the service first aid kit (if required)
 - Instruct a staff member to collect required medication (if required)
 - Instruct staff to contact the required emergency services (if required)
 - Contact the parent to inform of the incident
 - Greet the emergency services on arrival (if relevant)

- Inform Area Manager (when practical/appropriate) of the incident
- Inform School/Parish of the incident (if relevant)
- Complete a Guardian Incident Report detailing the circumstances leading up to and during the incident

12.3 Further to point 12.2 of this Procedure, if a child presents with, or develops a temperature above 37.6°C the service will implement the following process:

- Monitor the child, taking the child's temperature every 15 minutes
- Encourage the child to drink water
- Remove excess clothing, such as jumpers, shoes, and socks
- If the child's temperature reads 38°C (or higher), notify the parents to collect the child
- Ensure the Parent is aware that the child will be unable to attend for 24 hours after the child's last temperature
- Complete a Guardian Incident Report detailing the circumstances leading up to and during the onset of symptoms

13. DO YOU NEED TO COMPLETE A REPORT?

13.1 When considering if an incident report is required to be created in the Guardian online reporting system, the questions to ask include –

- Has the child been involved in an incident? If the answer is YES, then a report is required.
- Has the child been injured? If the answer is YES, then a report is required.
- Has the child taken ill (illness)? If the answer is YES then a report is required.
- Has the child experienced trauma? If the answer is YES then a report is required.
- Has there been a near miss which could reasonably have resulted in an injury/trauma? If the answer is YES then a report is required.

13.2 Should the answer be NO to ALL of the above questions then there is no requirement to report.

14. ACCURACY

14.1 All staff members at a Service are required to ensure any submission to Guardian, as far as reasonably practical and to the best of their knowledge any submission to Guardian is an accurate reflection of the event.

14.2 A printed form, once signed by a Parent/Carer cannot be amended nor can further information or details be added to the printed form. However amendments or additional information may be added, by the Area Manager, WHS Advisor or a Responsible Person to the Guardian submission.

15. PRINTING A REPORT FROM GUARDIAN

15.1 Services are required to print any submission to Guardian.

- 15.2 Printed reports are to be scanned and saved onto the Service L Drive and the paper copy is required to be added to the child's enrolment record/file.
- Child Reports are to be scanned and saved to a child's individual enrolment form
 - Adult Reports are to be scanned and saved to a staff member's personal e-file.
- 15.3 The printed submission to Guardian constitutes a 'record of the child' at the time of submission to Guardian and is to be held at the Service.

16. SIGNATURES

- 16.1 There is no requirement under the Education and Care Regulations for a Parent/Carer to sign a printed incident/injury/illness/trauma report.
- 16.2 The Approved Provider recommends Services provide a printed copy of a Guardian submission for the Parent/Carer to view and it is further recommended Parents/Carers are offered the opportunity to sign the report. Whilst not a requirement, the signature of a Parent/Carer does provide the Service with additional evidence that the Parent/Carer was notified (as per the requirement of Regulation 86).

17. NOTIFYING PARENTS/CARERS

- 17.1 As per Education and Care Regulation 86, Services are responsible for ensuring Parents/Carers are notified that their child has been involved in an incident, been injured, and/or taken ill and/or experienced trauma within 24 hours.
- 17.2 The method of notification, i.e. how, time, date parent/carer name, must be entered into Guardian prior to submitting the form.
- 17.3 All attempts will be made to notify the parents in the case of an emergency, however, the needs of the child will be considered paramount and medical treatment for the child from a registered medical practitioner, hospital or ambulance and transport in an ambulance will be arranged as the priority.

18. PROVIDING A PRINTED REPORT TO A PARENT/CARER

- 18.1 Should a Parent/Carer request a copy of the printed report form, this can be provided as it is considered a record of the child. There is no requirement to provide access to a Parent/Carer to view a record of an incident on Guardian; and any such requests are required to be made known to the Area Manager for consideration and a response.
- 18.2 Services should not as a practice, email incident reports to Parents/Carers, for the purposes of notifying, gaining a signature and/or record keeping etc.
- 18.3 Parent/Carers will be notified upon collection of their child of any incident/injury/illness/trauma involving their child. However Catholic Early EdCare encourage Services to establish contact with Parents/Carers sooner in the following circumstances –

- In the event of a serious incident or similar event
- If it is determined the child should be collected by the Parent/Carer
- At the request of the child
- At the discretion of the Nominated Supervisor/Person in Day to Day Charge

18.4 When contacting a Parent/Carer the accepted process is to call the provided phone number(s). It is not considered acceptable by the Approved Provider to text a Parent/Carer to notify them of an incident/injury/illness/trauma involving their child unless all avenues have been exhausted. This includes circumstances where a child is unaccounted for and/or missing.

19. SERIOUS INCIDENT/INJURY/ILLNESS/TRAUMA

19.1 Should a serious incident/injury/illness or trauma occur (involving a child at a Service) Services are expected to report via Guardian as soon as is reasonably practical (within 24hrs). Regulation 12, Regulation 175 and Regulation 176 define a serious incident as –

- 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 (Regulation 12)
- A serious injury or trauma while the child is being educated and cared for, which:
 - required urgent medical attention from a registered medical practitioner (Regulation 12); or
 - the child attended or should have attended a hospital (e.g. a broken limb) (Regulation 12)
- 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) (Regulation 12)
- Any circumstance where a child appears to be missing or cannot be accounted for (Regulation 12)
- Any circumstance where a child appears to have been taken or removed from the service premises by someone not authorised to do so (Regulation 12)
- Any circumstance where a child is mistakenly locked in or locked out of the service premises or any part of the premises (Regulation 12)
- Any emergency for which emergency services attended (Regulation 12)
- Any circumstances that pose a risk to the health, safety or wellbeing of a child (Regulation 175 and Regulation 176).

19.2 Whilst the following two options are available on Guardian, it is requested reports of this nature are completed in accordance with points 2.1 and 2.2 –

- Any incident where you reasonably believe that physical and/or sexual abuse of a child has occurred or is occurring at the service (Regulation 175)
- Any allegation that sexual or physical abuse of a child has occurred or is occurring at the service (Regulation 175)

20. TRAUMA RESPONSES IN CHILDREN

20.1 The ways in which children respond, or cope with trauma will vary widely, and no two responses will be the same. Educators should be aware of trauma response in children, and discuss their concerns with the Responsible Person in Charge:

Children 0-2 years

- Heightened arousal (e.g. disturbed sleep, jumpy or easily startled, hard to settle or soothe).
- Changes in appetite (e.g. fussy eating, no appetite).
- Regression in previously acquired developmental skills (e.g. rolling over, sitting, crawling).
- Decrease in vocalisations.
- Behavioural changes (e.g. increased irritability, extreme temper tantrums, fussiness, attention seeking, aggressive behaviour).
- Excessive clinginess to primary caregiver (e.g. crying upon separation, insisting on being picked up).
- Clinginess to anyone – even complete strangers.
- Decrease in responsiveness (e.g. lack of emotional reactions, numb appearance, lack of eye contact, little interest in environment/objects around them).
- Inconsolable crying.
- Alarmed by reminders of the event (e.g. sights, sounds, smells).

(Trauma Responses in children aged 0-24 months, Emerging Minds and The University of Queensland, 2019)

Children 2-4 years

- Heightened arousal (e.g. disturbed sleep, jumpy or easily startled by loud noises, difficulties concentrating, hard to settle or soothe).
- Changes in appetite (e.g. fussy eating, no appetite).
- Regression in previously acquired developmental skills (e.g. walking, crawling, toileting skills, talking like a baby, thumb-sucking).
- Loss of confidence.
- Sad and withdrawn appearance.
- Increased physical complaints (e.g. tummy aches, headaches).
- Behavioural changes (e.g. increased irritability, extreme temper tantrums, fussiness, attention-seeking, defiance, aggressive behaviour).
- Difficulty in concentrating and paying attention.
- Aggression and angry behaviours towards themselves or others (e.g. head banging, hitting, biting).
- Reliving of the trauma (e.g. traumatic play or drawing, nightmares, repeatedly talking about the event, asking questions repeatedly).

- Separation anxiety or excessive clinginess to primary caregiver or teachers (e.g. crying upon separation, insisting to be picked up, won't stay in room alone).
- Concern that something terrible will happen to primary carers.
- Clinginess to strangers.
- Development of new fears that are unrelated to the trauma (e.g. the dark, monsters, animals).
- Avoidance of reminders and/or visible distress at reminders of the event (e.g. sights, sounds, smells, tastes, physical reminders).
- Decrease in responsiveness (e.g. lack of emotional reactions, numb appearance, lack of eye contact, withdrawal from family, teachers and friends, less interest in play, restricted exploratory behaviour).
- Relationship difficulties with caregivers, siblings or peers.

(Trauma Responses in children aged 2-4 years, Emerging Minds and The University of Queensland, 2019)

Children 5-12 years

- intrusions (e.g. distressing memories that pop into the head during the day, nightmares, emotional and physical distress around reminders, repeated discussion about event, re-enactment of trauma in play)
- avoidance (e.g. refusal to participate in school activities related to the disaster, refusal to talk about the event, memory blanks for important aspects of the event)
- changes in arousal and reactivity (e.g. increased irritability and anger outbursts, difficulties concentrating, overly alert and wound up, increased nervousness and jumpiness, sleep disturbance)
- changes in mood and thinking (e.g. appearing flat, no emotion related to event, loss of interest in previously enjoyed activities)
- emotional distress (e.g. self-blame and guilt, moodiness, crying and tearfulness)
- behaviour changes (e.g. angry outbursts, aggression, non-compliance)
- decline in school performance resulting from school non-attendance, difficulties with concentration and memory, and/or lack of motivation
- increase in physical complaints (e.g. headaches, stomach aches, rashes)
- withdrawal from family and friends
- appetite changes; and
- anxiety and fear for their or their loved ones' safety (e.g. increased clinginess).

(Trauma Responses in children aged 5-12 years, Emerging Minds and The University of Queensland, 2019)

21. REPORTING TO ACECQA/ECEC, INCLUDING TIMEFRAMES

21.1 It is at the discretion of the Approved Provider to determine submissions received from Services that require reporting to ACECQA and/or Early Childhood Education and Care (ECEC).

21.2 The Approved Provider will ensure the reporting to ACECQA and/or Early Childhood Education and Care (ECEC) within the following timeframes:

Section 174(2)(a) Regulation 12 Regulation 176(2)(a)(i)	Serious incident - Death of a child	As soon as practicable, but within 24 hours
Section 174(2)(a) Regulation 12	Serious incident - Any incident involving serious illness of a child while being educated and cared for which the child attended or ought reasonably to have attended a hospital	Within 24 hours of the incident
Section 174(2)(a) Regulation 12	Serious incident - Any incident involving serious injury or trauma to a child while being educated and cared for which the child attended or ought reasonably to have attended a hospital, or a reasonable person would consider that the child would require urgent attention from a registered medical practitioner	
Section 174(2)(a) Regulation 12	Serious incident - Any emergency for which emergency services attended	
Section 174(2)(a) Regulation 12	Serious incident - A child is missing or cannot be accounted for or appears to have been removed from the premises by a person not authorised by a parent	
Section 174(2)(a) Regulation 12	Serious incident - A child is mistakenly locked in or out of the premises or any part of the premises	Within 24 hours of the incident/complaint
Section 174(2)(b) Regulation 12	Any complaint alleging that a serious incident has occurred or is occurring at an education and care service, or the National Law has been contravened (refer to Serious Incidents outlined in table above)	
Section 174(2)(c) Regulation 175(2)(b)	Any incident that requires the approved provider to close, or reduce the number of children attending the service for a period	
Section 174(2)(c) Regulation 175(2)(c)	Any circumstance at the service that poses a risk to the health, safety or wellbeing of a child attending the service	Within 7 days
Section 174(2)(c) Regulation 175(2)(d)	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	
Section 174(2)(c) Regulation 175(2)(e)	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 by the service	

22. INCIDENT INVESTIGATIONS

- 22.1 All submissions to the Approved Provider relating to child incidents/injury/illness and trauma are reviewed by a qualified workplace health and safety practitioner, and relevant Senior Line Manager. Additionally, all submissions made by a Service are emailed to the Area Manager via Guardian.
- 22.2 Submissions are reviewed to determine if an investigation is required. An investigation is required if there is a requirement to –
- Eliminate or minimise identified hazards or risks (as far as reasonably practicable)
 - If a child incident is reported to ACECQA
 - If a child sustains a head injury or dental injury
 - Prevent recurrence or further incidents or injury
 - Improve overall system performance
- 22.3 Should an investigation be required, an Area Manager will generally assume the responsibility of lead investigator and work with the relevant Service responsible person/Nominated Supervisor and the relevant WHS Advisor to gather further information, evidence etc. For extreme risk incidents these will be investigated by a multidisciplinary team led by the WHS advisor.
- 22.4 Via the Guardian system, investigation details (notes/comments/action items/form/root cause analysis etc.) will be added to the investigation in Guardian. Should a Service be required to complete a task relating to the investigation this may be communicated via Guardian. Additionally, should there be required actions post incident and at the conclusion of an investigation this may be communicated via Guardian to a Service and/or Area Manager and require the Service’s responsible person/nominated supervisor and/or the relevant Area Manager to ‘sign off’ once the required action(s) is completed.
- 22.5 Investigation timeframes follow the Archdiocesan WHS Incident Management and Investigation Procedure.

23. SERVICE PRACTICES

- 23.1 It is at the discretion of a Nominated Supervisor if they allow staff/Educator to enter submissions into Guardian without their knowledge. It is the preference of the Approved Provider that only

the Response Person (Nominated Supervisor and/or Person in Day to Day Charge) enters submissions to Guardian.

- 23.2 It is at the discretion of a Nominated supervisor if they wish to utilise the CEEC HS FORM Child Incident Register (paper based form) at their Service so that staff/Educators can quickly and easily notate the occurrence of an incident/injury etc. This may be utilised as it is recognised by the Approved Provider that it is not always reasonable and/or practical for a staff member/Educator to access Guardian online and provide a submission (due to ratio requirements/supervision/away from the Service etc.).
- 23.3 Services may wish to utilise the CEEC HS FORM Child Incident Register for basic 1st Aid, near miss records etc. For example basic first aid could include providing an ice pack to comfort a distressed child rather than for a medical reason, re-applying and existing band-aid.

24. GUARDIAN – FURTHER GUIDANCE

- 24.1 Where the incident is not witnessed by a staff member/Educator, and/or reported to the Service by a Parent/Carer post incident, the incident report description is required to clearly state the incident was not witnessed by staff/Educators. Furthermore the incident description needs to specifically state the circumstances surrounding the report i.e. 'the child stated...' or '...the Parent/Carer informed the Service...' as appropriate.
- 24.2 When completing the incident description, it is important to be factual. It can be beneficial to consider Who/What/When/Where/Why when completing the incident description.
- 24.3 Services are not to enter the name of other children involved in an incident and are to refer to any other child involved as Child A or Child B.
- 24.4 Services are only to identify a person as a witness if they actually witnessed the incident. A 'witness' is not the same as the person who is reporting, the person who responded to the incident, the person who provided first aid etc. A child cannot be entered as a witness.
- 24.5 When selecting the time of incident, Services are to select the time closest to the incident time (noting that Guardian only provides 15 minutes time windows). Where the time or times are crucial (for example in the event of a missing or unaccounted for child) exact times should be detailed in the incident description.
- 24.6 It is recommended that ALL fields are completed at the time of submission including date of birth, parents' phone number, if contacted by phone etc.

25. ECEC INVESTIGATIONS

- 25.1 When correspondence is received from ECEC (usually via email after an I01 serious incident is lodged by Catholic Early EdCare with ACECQA), Services are not permitted to reply without firstly forwarding the email from ECEC to the relevant Area Manager. The Area Manager will approve the response. (Refer to CEEC GOV POL Governance and Service Management policy for further guidance).

- 25.2 When liaising with an ECEC Officer and a request has been made of the Service to provide documentation, the Responsible Person is encouraged to request the ECEC Officer provides their request in writing. This request is to assist the Approved Provider to manage and track regulatory compliance.
- 25.3 Services are also to be mindful in all interactions with ECEC that the Responsible Person cannot speak on behalf of the Approved Provider nor provide responses that will commit the Approved Provider to specific actions/outcomes or impact on the whole of Catholic Early EdCare (for example, amendments to the Approved Providers policies/procedures/forms etc.)
- 25.4 Requests from ECEC that impact upon the Approved Provider/ Catholic Early EdCare as a whole are to be made known to the Area Manager, who will bring it to the attention of the Catholic Early EdCare General Manager.
- 25.5 Information requested by ECEC will be submitted via the Catholic Early EdCare Compliance Officer

26. ADULT INCIDENT PROCEDURE

- 26.1 Catholic Early EdCare Services are required to report to the Approved Provider ALL adult incidents (and near miss events) involving staff/students/volunteers/members of the public etc. Additionally adult incidents that occur on Catholic Early EdCare property/within licence Service space should be reported to the Approved Provider.

GUARDIAN ONLINE REPORTING SYSTEM

- 26.2 Reporting Adult incidents is via the Guardian online reporting system.
- 26.3 Should an incident occur involving a visitor to a Catholic Early EdCare workplace and/or anyone else identified as a 'worker' under the WHS Act, a submission to the Guardian online reporting system is required.
- 26.4 All Adult incidents that result in, or have the potential to result in injury, illness or trauma, shall be reported within 24 hours to the Area Manager and Catholic Early EdCare WHS team via the Guardian online reporting system.
- 26.5 Where the incident is not witnessed, the incident report description is required to clearly state the incident was not witnessed by other staff. Furthermore the incident description needs to specifically state the circumstances surrounding the report i.e. 'the worker stated...' except when self-reporting, as it is acceptable to write in the first person. When self-reporting, it is important to have another Responsible Person to sign off the incident report (where practical).
- 26.6 A Responsible Person is required to ensure as far as reasonably practical and to the best of their knowledge any incident report is accurate and completed in its entirety.

27. REPORTING TO AOB WHS DIRECTOR/WHS QUEENSLAND

27.1 The Catholic Early EdCare WHS team are responsible for reporting to the Archdiocese of Brisbane and WHS Queensland as detailed in CEEC HS POL Incident and Investigation Policy and CEEC HS POL WHS Notifiable Incident Policy.

28. INJURY MANAGEMENT/RETURN TO WORK

28.1 Workers are responsible for adhering to the Centacare Workplace Rehabilitation for Work Related Injury or Illness Procedure; this includes informing the nominated Centacare Injury Management Advisor as soon as is reasonably practical of any incident that may potentially constitute a WorkCover claim.

28.2 When a worker is injured it is recommended contact is made by the Director/Coordinator (or Responsible Person) as soon as reasonably practical with the relevant Area Manager and the Centacare Injury Management Advisor. Consideration should be given to utilising the Injury Assist occupational health service available for all staff however this is dependent upon the urgency of the need to seek medical attention.

28.3 Catholic Early EdCare will adhere to the following two Centacare procedures -

- Centacare Workplace Rehabilitation For Work Related Injury Or Illness Procedure
- Centacare Management Of Non-Work Related Injury Or Illness Procedure

29. ADULT INCIDENT INVESTIGATION

29.1 The procedure to be followed within Catholic Early EdCare in relation to adult incidents and investigations will mirror the Archdiocese of Brisbane WHS Incident Management and Investigation Procedure.

29.2 Adult incidents which are rated as medium risk and above will be investigated, to the extent necessary, to determine the root causes, contributing factors and to identify actions which will -

- Eliminate or minimise identified hazards or risks (as far as reasonably practicable)
- Prevent recurrence or further incidents or injury
- Improve overall system performance

29.3 Investigations will be conducted in a manner that provides a consistent approach, with assurance the outcome is reliable and evidential requirements are not compromised, and in line with the Archdiocesan WHS Incident Management and Investigation Procedure

29.4 Work may be stopped at the discretion of a qualified Work Health and Safety Adviser (or at the discretion of a workplace manager) until the risk of another or further incident is determined and hazards and risks are lowered and controlled as reasonably practicable in accordance with the Hierarchy of Controls.

29.5 The Health & Safety Team reserves the right to determine an incident investigation process outside of the descriptions provided in the incident investigation guide at any time.

- 29.6 Lead Investigators will provide recommendations to address absent or failed control measures, individual or team actions, task or environmental conditions and organisational factors. These will include corrective or preventive actions required to prevent a recurrence of the event. These actions must address each of the root causes and contributing factors identified, which will give effective long and short-term control measures. Workers should be consulted in determining the recommended actions and solutions where required.
- 29.7 Recommendations for corrective actions shall be documented on the Guardian online reporting system and communicated to the relevant workplace and relevant workplace manager for actioning.

30. SUPPORTING DOCUMENTS

- 30.1 CEEC HS FORM Witness Statement
- 30.2 CEEC HS FORM Additional Incident Information
- 30.3 Emerging Minds
<https://emergingminds.com.au/our-work/guiding-principles/trauma/>

COMPLIANCE

Breaches of this policy will be dealt with under Centacare’s misconduct provisions, as stated in the Employment Guidelines Code of Conduct.

IMPLEMENTATION

Centacare will place this policy on the Archdiocesan Intranet (AI). Directors and managers are responsible for ensuring that the appropriate communication of policies and supporting documents to staff has occurred. All staff are responsible for understanding and complying with this policy. Contact the Policy Sponsor for further interpretation of this policy.

DEFINITIONS

Worker	A worker is a person who carries out work in any capacity for a person conducting a business or undertaking. This includes work as an employee, contractor or subcontractor, an employee of a contractor or subcontractor, an employee of a labour hire company who has been assigned to work in the person’s business or undertaking, an apprentice, student or volunteer.
Incident	Any unplanned event resulting in, or having the potential for, injury, illness (including psychological health) and/or trauma to a worker and/or a child in the care of Catholic Early EdCare.
Trauma	Trauma describes the impact of an event or a series of events during which a child feels helpless and pushed beyond their ability to cope. A range of different events might be traumatic to a child, including (but not limited to) accidents, incidents, injuries, illness, threats of violence, violence, neglect or abuse. (Definition provided by kidsmatter.edu.au)

Injury	Any once-off application of first aid and/or subsequent observation of minor scratches, cuts, burns, splinter, etc. which does not require professional medical treatment (however, in some instances, a medical practitioner or registered professional, may administer the first aid)
Medically treated injury	An incident which results in the consequence of an injury to a person requiring treatment by, or under the order of, a qualified medical practitioner, or treatment of any injury that could be considered as being one that would normally be treated by a medical practitioner.
Near miss	Any unplanned incident that occurred at the workplace that, although not resulting in any injury or illness, had the potential to do so. Note – A near miss may also be a notifiable incident in accordance with the definition of the term.
Lead Investigator	Conduct the investigation in accordance with this procedure. Lead the investigation to determine the immediate and underlying causes Ensure the investigation report is submitted within the allocated timeframe Recommend corrective actions Confirm actions and schedule are acceptable to assigned supervisor and relevant managers Document the investigation and files all records. Report findings.
Hierarchy of Controls	Identify the risk control actions and responsibilities by identifying controls in the following specific order: Eliminate the hazard. If elimination of the hazard is not reasonably practicable, minimise the risk so far as reasonably practicable by: substituting (wholly or partly) the hazard giving rise to the risk with something that gives rise to a lesser risk isolating the hazard from any person exposed to it implementing engineering controls. If a risk then remains, then minimise the remaining risk, so far as is reasonably practicable, by implementing administrative controls. If a risk then remains, then minimise the remaining risk, so far as is reasonably practicable, by ensuring the provision
Lost Time Injury	A work-related incident that results in an injury or illness and time lost from work of one day/shift or more.
Organisational factors	The latent system-based factors present before the incident which may have contributed to the presence of specific adverse task/environmental conditions, individual/team actions or absent/failed defences.
Preventive action	Any action to eliminate the cause of a potential non-conformity or other undesirable potential situation.
Risk	Risk is the likelihood and consequence of injury or harm occurring when exposed to a hazard.
Risk Control	Means taking action to eliminate health and safety risks so far as is reasonably practicable, and if that is not possible, minimising the risks so far as is reasonably practicable. Eliminating a hazard will also eliminate any risks associated with that hazard.
Root cause	Root cause is the most basic reason for an incident, which if corrected would prevent reoccurrence of the incident
Task or environmental conditions	The situational characteristics which existed immediately prior to the Incident, including the work situation, physical or social environment, or a person's mental, physical or emotional state.
Reasonably practical	The following criteria must be applied in determining what is reasonably practicable: What the person knows or ought to reasonably know about the hazard and ways of eliminating or minimising the hazard Availability and suitability of ways of eliminating or minimising the hazard

	The cost associated with the availability and suitability of ways of eliminating or minimising the hazard, taking into account the cost if it is grossly disproportionate to the risk.
Responsible Person	A Responsible Person is - The Approved Provider, or A person with management or control, or A Nominated Supervisor, or A Person in Day to Day Charge of a Service (PIDTDC)
Nominated Supervisor	Workers who have consented to the nomination by the Approved Provider to take on the responsibility and obligations under the National Law and National Regulations to manage a Kindergarten, Long day care, Outside school hours care Service.
Person in Day to Day charge (PIDTDC)	The PIDTDC is placed in day-to-day charge by the Approved Provider or a Nominated Supervisor of the education and care service; and the person consents to the placement in writing.
Approved Provider	Approved Provider is a person who holds a provider approval. A provider approval authorises a person to apply for one or more service approvals and is valid in all jurisdictions.

31. RECORD KEEPING

- 31.1 Catholic Early EdCare will maintain all records as required by AOB and Centacare policies and procedures relating to record keeping
- 31.2 All Catholic Early EdCare Services are required to maintain all records in their Service folder on the L:\ drive.
- 31.3 All CEEC Services are required to maintain all incident/injury/illness/trauma records relating to children in the care of the Service in their Service folder on the L:\ drive.
- 31.4 All CEEC Services are required to maintain all incident/injury/illness/trauma records for adults in their Service folder on the L:\ drive.
- 31.5 All CEEC Services are required to print and scan all Guardian submissions relating to children and save into the relevant L:\ drive and store the paper copy of the printed out form on the child's enrolment record.
- 31.6 All Catholic Early EdCare Services will adhere to Division 3 – Information and record keeping requirements, Education and Care Services National Regulations; specifically Subdivision 4 – Confidentiality and Storage of Records (181, 182, 183, 184).
- 31.7 Catholic Early EdCare will ensure all privacy provisions are implemented in relation to record keeping in accordance with the Archdiocese of Brisbane (AOB) privacy statement and AOB privacy policy available on the AI portal this extends to storing records in a secure and confidential manner.
- 31.8 Service records will be maintained (stored and preserved) in conditions suitable to the length of time they need to be kept and made available for use. This applies regardless of the format of the records or the media they are stored on.
- 31.9 Catholic Early EdCare will coordinate the removal, archiving and disposal of records as required.

APPENDIX 1: REPORTING A WORKPLACE INJURY



Employee InjuryAssist 1800 993 026

	Tell your manager ...	<i>... as soon as the injury happens</i>
	Call the InjuryAssist Hotline	1800 993 026
	Report injury details	<i>... name, site location, description of the injury</i>
	Obtain immediate triage	<i>... for first aid & treatment advice</i>
	Appointment with doctor	<i>...if treatment is required</i>

You must still complete an incident report in Guardian as well

For Further Information

Injury Management Advisors	Email	Telephone	Mobile
Bronwyn Makris	makrisb@bne.catholic.net.au	3324 3306	0417 522 817
Michelle Jones	michelle.jones@bne.centacare.net.au	3324 3228	0428 914 907
Lucy Beikoff (WHS Manager)	beikoffl@bne.catholic.net.au	3324 3191	0447 237 963

APPENDIX 2: NOTIFICATION TIMEFRAME FLOWCHART

Notification Timeframe Process

