~ Racker ~
Early Childhood Services (ECS)

Incident Management Procedure

[Date Issued: 7/15/03 Revised: 5/15/13; 8/19/16; 10/2017; 11/13/17; 7/25/18; 11/2022, 4/10/23, 11/29/23, 9/24, 3/26]

POLICY: Racker's Early Childhood Services are committed to the safety and well-being of all children. All staff are responsible for ensuring children's safety and well-being, in part, by intervening, reporting and documenting injuries or incidents that are discovered or observed.
Event To Consider (ETC) reports are available online and paper may be available in classroom or office.
For the purposes of this document, the word 'parent' will be used for parents, legal guardians, etc,.

DEFINITIONS/ REPORTING FORMAT:

Please note: This is not a complete list of injuries/ incidents. Professional and reasonable judgment should be used to determine if other occurrences or events should be charted/ filed. When in doubt ASK!!

Injury/ Incident Type	Brightwheel "incident" for minor injuries	ETC Report
Injury	**Requiring basic 1st aid**	**Requiring *more than* basic 1st Aid**
Biting	**For biter; for 'bitee' if skin is *not* broken**	**For biter and for 'bitee' if skin is broken**
Bee/ Wasp/ Insect Bite	**If no reaction**	**If any reaction**
Head/ Neck trauma or potential trauma (anything above the shoulder, including face)	**Superficial cut; minor bruising/ discoloration**	**Laceration, significant bleeding, goose egg, loss of consciousness, dizziness, nausea/ vomiting; impaired motor ability**
NOTE: **Always send parent/ guardian "Signs & Symptoms of Head Injury" sheet, whenever there is any type of head trauma or potential head trauma**		
If child is seen (or it is recommended to be seen) by doctor/ hospital/HCP – *due to injury at Racker*	----	√
Allergy	----	**If child is exposed to something they are allergic to - *whether they have reaction or not*.**
'Unnoticeable' injury	**Event that may present a visible injury in near future**	**If child has changed gait, slurred or otherwise changed speech, etc.**
Child injury during a Physical Intervention (minor injury too)	----	√
Child injures another child (via aggression)	**If only superficial injuries and basic 1st aid is necessary**	**If *more than* basic 1st aid is required**
Medication error	----	√
Unattended or missing child	----	√
Allegation of abuse or neglect	----	√
Carrying a child engaged in challenging behavior (full carry)	----	√
'Other' sensitive occurrence, per director	----	√

PROCEDURE:

It is understood that professional and reasonable judgment will be used to address all situations involving injuries and incidents. This procedure serves as a reference / guide and is not inclusive of all situations. This procedure is used alongside the agency's "Protective Oversight" Policy and all ECS procedures and guidelines.

Staff Member will:

1. Calmly ensure the immediate safety/ well-being of the child(ren);
2. Evaluate child immediately to determine need for medical attention

a. If needs immediate medical attention, ask nearby staff to call 911 and/or notify teacher and call/walkie Site Director, nurse, and/ or Program Director/ designee;

3. Immediately report the discovery or observation to a teacher, Site Director, nurse, or designee as appropriate;
    a. Teachers/ nurse should also report discovery or observations to the Site Director/ designee, ***even if the staff member is going to report it to the director***.
    b. Teachers should be notified of all injuries and incidents for their assigned students.
    c. Site directors should be notified if injury/incident needs ETC and/or if the team needs support in deciding to report on ETC vs brightwheel incident
4. If situation involves alleged abuse/neglect or maltreatment notify Child Protective Services (CPS) as soon as it is safe to do so @ 1-800-342-3720, *Staff may request assistance with making call, but should not delay in reporting to CPS. Refer to Suspected Child Abuse Procedure*
5. Using the chart above for injuries/ incidents, determine how situation should be documented on brightwheel as minor "incident" or **Event to Consider (ETC) Report (paper form)**
    a. **Minor injuries -**
        i. Document on brightwheel as "incident" activity
        ii. Be sure to include, what happened, where happened, what the injury to child was, and if another child was involved. Do not include other child's name.
    b. If **ETC Report** is used:
        i. submit it to Site Director, Program Director or designee **as quickly as possible but within the same day** of the discovery or observation.
6. If staff was injured during incident such that they will or MAY need to seek medical services for the injury, complete 'staff injury' report/submission from Racker Connect within 24 hours of event. This includes ALL bites that break the skin. (including if incident occurs in a program or at a site other than Racker.)
7. Maintain confidentiality other than what is necessary to provide a safe and secure environment for children.
8. Share accurate details of event(s) with program director and/ or a designated QS reviewer upon request.

Teacher / Site Director / designee will:

1. Immediately ensure the child has been evaluated – If not evaluated, ensure it occurs *immediately*;
2. If call to CPS is needed ensure *Suspected Child Abuse Procedure* is/has been followed. Assist staff or teacher documents on brightwheel under incident or completes ETC form – whichever is appropriate;
3. If requires ETC, notify Director if not already notified;
4. Notify parent - determine who should make (teacher or director) and best method;
    a. If report involves potential or actual head injury, send 'signs and symptoms of head injury' form to parent on brightwheel or paper form
    b. If report/ situation involves carrying a child due to challenging behavior and imminent harm, a report must be made to the parent as soon as possible but at least ***that same day***.
    c. Director proofreads ETC report form
    d. Director/teacher/designee notify parent of ETC in brightwheel (in addition to other notifications)
    e. If family prefers or has limited brightwheel access, may also copy the **front page of (ETC) form *only*** and send paper home/give to parent/ guardian for their review.
    f. ETC is sent home to parent ***except*** in cases of suspected abuse involving parent and if biting is a known behavior, teacher/director can make decision to not send ETC to parent of biter
5. Provide staff with direction on follow-up (e.g., continued monitoring, etc.)
6. Give original ETC document to Site Director or admin on site the same day. If admin not on site, scan to director.

Site Director/ designee will:

1. Ensure confidentiality by all staff;
2. Ensure ETC completed correctly and appropriately, and all components above completed.
3. Review camera footage if needed.
4. Ensure notification to parent/ guardian is completed, including on brightwheel
5. Notify OCFS as soon as safely possible for any "serious incident or injury" including:

a. CPS report (allegation of abuse, unattended child, etc); The following are also **prohibited**, *per NYSED regulations*, and would be considered abuse requiring reporting to OCFS and CPS:
    i. Corporal punishment
    ii. Aversive interventions
    iii. Prone Restraint
    iv. Seclusion
b. A cut that requires stitches; a cut that is large or deep or won't stop bleeding;
c. Any animal bite that breaks the child's skin;
d. Any injury which results in the child losing consciousness, has labored breathing, the inability to speak, vomits, becomes lethargic, falls asleep at an inappropriate time or unexpectedly, is difficult to arouse or awake, or cries incessantly;
e. A head injury accompanied by swelling or bruising in the effected cranial area coupled with decreased alertness, increased confusion, headache, vomiting, or difficulty walking;
f. An injury to a non-verbal child where the child seems to be suffering increased severe pain that would not typically accompany the type of injury sustained;
g. Child left without competent supervision;
h. Burns, scalding or other heat related injuries;
i. Electric shock;
j. Poisonings and/ or insect bites which may be dangerous/poisonous or that result in a-typical reactions such as anaphylactic shock;
k. Any injury that may result in a sprain, dislocation or broken bone (child complains of severe pain, or is unable to stand, walk, or use their arms or legs in a normal fashion.)
l. If a provider assesses a child's injury to be non-serious and medical attention is not sought, but a parent decides to seek medical attention for same injury.
    i. Notification must be made the same day the agency becomes aware the medical treatment was sought.

6. Complete back side of ETC
7. If staff engaged in restraint or time out meeting NYSED criteria, notify CPSE chair
8. Email scanned copy of ETC (front and back) as soon as possible but within 24 hours to:
    a. Quality Standards (QualityStandards@racker.org)
    b. Director of ECS or Clinic Director, as appropriate
9. Ensure received and filed by above then shred original paper form
10. With Director as appropriate, engage team in debrief for serious incidents or injuries

Director of ECS or Clinic Director, or designees will:

1. For ***instances of abuse/neglect/maltreatment discovered or observed in program***, ensure **OCFS** and, as necessary, **CPS** have been notified. Follow *Suspected Child Abuse Procedure.* [See definitions of 'Abuse' in the NY Family Court Act Section 1012 for precise definitions.]
2. Determine if notification to **Early Intervention** (EI) Official is deemed necessary. Instances include:
    a. When a child becomes aggressive or self-injurious and a therapist or teacher needs to physically intervene to keep child and/ or others safe during EI Services;
    b. When incidents or injuries occur during service delivery that require medical treatment.
    c. [See EI Manual for other information regarding illnesses, injuries, and supervision of children.]
3. With Director as appropriate, engage team in debrief for serious incidents or injuries

Quality Standards tracks and trends injury and incident reporting. Some injuries and incidents warrant a Quality Standards (QS) Review.

For injuries/ concerns (from outside of program) that may be related to suspected abuse follow *Suspected Child Abuse Procedure.*

Training

The Director of ECS or Clinic Director/ respective designees will ensure all staff receive training on incident management upon hire and annually thereafter.

This policy and procedure is based on:
Racker's Mission & Vision
Racker Early Childhood Program Practices
Amendment of Section 19.5 of the Rules of Regents (7/2023)
NYSED Commissioner of Ed. Regulations: Sections 100.2, 200.1, 200.7, 200,15, & 200.22 (7/2023)
Office of Children& Family Services 418 regulations
Division of Child Care Services Policy Statement 20-01 Clarification of the Terms Serious Incident, Injury, Condition 4/23/2020, Communicable Disease and When to Obtain Emergency Medical Care Section 69 – 4.7(c) of Early Intervention regulations
NY Family Court Act Section 1012