

Establishing an Injury/Illness Monitoring/Tracking System

LM 2.3 Program uses documents for tracking child and staff illnesses and injuries, including plans of action to prevent further occurrences.

Developing injury/illness tracking logs is just the first step in creating a monitoring system. Regular review of the log that will enable you to identify health and safety concerns, patterns, program structural problems, staffing issues etc. that may be contributing to the injuries and illnesses that occur within your program. The tracking system will not only help you to identify problems that need to be corrected, but it will also provide you with information that can be used to engage in preventive action planning. The ultimate goal is to eliminate preventable injuries and illnesses before they occur!

Step 1: Develop, or select from existing samples, a tracking tool to record all injuries and illnesses that occur.

The tool should include essential information such as:

- The date and time injury/illness occurred;
- The specific location (outdoors, indoors, room, area of the room);
- Child/children involved;
- Teacher(s) present;
- Description of the injury/illness;
- Identification of possible contributing factors;
- Preventive action to be taken;
- Corrective action to be taken; and
- Preventive/corrective action plan completion dates.

Step 2: Determine who is responsible for recording injuries/illnesses-contagious condition on the tracking logs.

Areas to consider:

- Are there reasons why you would/would not want the same person who is responsible for completing an incident report to record the incident on the tracking log?
- Should incident reports be submitted by the direct care staff and then recorded on the tracking log by a supervisor or director?
- Will entries on the tracking log be based on written reports or verbal interviews with the person(s) involved?

- Some facilities develop a specific staff person to track and monitor and serve as the program expert on illness and injury. This person reports and facilitates problem solving at staff meetings or other times as needed and helps to make sure that everyone does their part to keep the program safe and help control the spread of illness.

Step 3: Determine who is responsible for reviewing the injury/illness-contagious condition tracking logs. The log should include a place to record review dates and signature of reviewer.

Step 4: Establish regular schedule to review the injury/illness-contagious condition tracking logs.

Areas to consider:

- How frequent do injuries and illnesses occur?
- If the frequency is high, you may want to review the tracking log more frequently; i.e. once a week until the number of incidents drops significantly and remains at a low or non-existent level.
- If the frequency of incidents is low, then a once a month review might be sufficient.

Step 5: Determine who is responsible for preventive and corrective action planning.

Area to consider:

- Does the direct care staff have the necessary skills/knowledge to independently develop action plans to address concerns? If not, it is recommended that a supervisor facilitate the action planning process with the direct service staff actively involved. Either way, the action plan should be submitted to a supervisor for final approval.

Action plans should include:

- Date of development;
- Details of the area in need of improvement;
- Details of action plan;
- Person(s) responsible;
- Target date; and
- Completion date.

Everyone is responsible for health and safety of the children. In many situations, immediate steps need to be taken and recorded.

Step 6: Determine who monitors implementation, progress and completion of action plans. Someone must be responsible for seeing that the action plans developed are not just carried out through completion, but are also maintained on a consistent basis.

