

INCIDENT, INJURY, TRAUMA AND ILLNESS

QUALITY AREA 2 |



PURPOSE

- This policy will define the:
- procedures to be followed if a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma
- responsibilities of staff, parents/guardians and the approved provider when a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma
- practices to be followed to reduce the risk of an incident occurring at the service.



POLICY STATEMENT

VALUES

- Yarram Early Learning is committed to:
- providing a safe and healthy environment for all children, staff, volunteers, students and any other persons participating in or visiting the service
- responding to the needs of an injured, ill or traumatised child at the service
- preventing injuries and trauma
- preventing the spread of illness through simple hygiene practices, monitoring immunisation records and complying with recommended exclusion guidelines
- maintaining a duty of care to children and users of Yarram Early Learning

SCOPE

- This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers, educators, staff, students, volunteers, parents/guardians, children and others attending the programs and activities of Yarram Early Learning, including during offsite excursions and activities.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/guardians	Contractors, volunteers and students
R indicates legislation requirement, and should not be deleted					

Ensuring the <i>Incident, Injury, Trauma and Illness Policy</i> and procedures are in place (<i>Regulations 168</i>) and available to all stakeholders (<i>Regulations 171</i>)	R	√			
Taking reasonable steps to ensure that nominated supervisors, early childhood teachers, educators, staff and volunteers follow the policy and procedures and are aware of their responsibilities (<i>Regulations 170</i>)	R	√			
Ensuring that the premises are kept clean and in good repair	R	R	√		√
Maintaining effective supervision (<i>refer to Supervision of Children Policy</i>) for all enrolled children in all aspects of the service's program that is reflective of the children's needs, abilities, age and circumstances	R	R	√		
Regularly checking equipment in both indoor and outdoor areas for hazards (<i>refer to Attachment 1</i>), and taking the appropriate action to ensure the safety of the children when a hazard is identified	R	R	√		
Being proactive, responsive and flexible in using professional judgments to prevent injury from occurring	R	R	√		√
Having ready access to an operating telephone or other similar means of communication to enable immediate communication to and from parents and emergency services	R	√	√		
Ensuring that staff have access to medication, Incident, Injury, Trauma and Illness forms (<i>refer to Sources</i>) and WorkSafe Victoria incident report forms (<i>refer to Sources</i>)	R	√			
Ensuring that the service has an <i>Occupational Health and Safety policy</i> and procedures that outline the process for effectively identifying, managing and reviewing risks and hazards that are likely to cause injury, and reporting notifiable incidents to appropriate authorities (<i>refer to Occupational Health and Safety Policy</i>)	R	√	√		
Ensuring that there is a minimum of one educator with a current (within the previous 3 years) approved first aid qualification on the premises at all times (<i>refer to Administration of First Aid Policy</i>)	R	√			
<div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>As a demonstration of duty of care and evidence-based practice, ELAA recommends that all early childhood teachers and educators have current (within the previous 3 years) approved first aid qualifications, anaphylaxis management training and asthma management training.</p> </div>	R	√			
Ensuring that there are an appropriate number of up-to-date, fully equipped first aid kits that are accessible at all times (<i>refer to Administration of First Aid Policy</i>)	R	√	√		
Ensuring that children's enrolment forms contain all the prescribed information, including authorisation for the service to seek emergency medical treatment by a medical practitioner, hospital or ambulance service (<i>Regulations 161</i>)	R	√		√	

Notifying the service, upon enrolment or diagnosis, of any medical conditions and/or needs, and any management procedure to be followed with respect to that condition or need (<i>Regulation 162</i>)				√	
Informing the service of an infectious disease or illness that has been identified while the child has not attended the service, and that may impact on the health and wellbeing of other children, staff and parents/guardians attending the service				√	
Ensuring that the service is provided with a current medical management plan (<i>refer to Definitions</i>), if applicable (<i>Regulation 162(d)</i>)				√	
Notifying the service when their child will be absent from their regular program				√	
Notifying staff/educators if there is a change in the condition of a/their child's health, or if there have been any recent accidents or incidents that may impact on the child's care e.g. any bruising or head injuries.					
<div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>Part of the Child Safe Standards, it is important that if a child presents upon arrival to the service with any visible injury or trauma, this should be discussed and documented prior to the parent/guardian leaving the service (<i>refer to Child Safe Environment and Wellbeing policy</i>)</p> </div>	R	√	√	√	√
Responding immediately to any incident, injury or medical emergency (<i>refer to procedures and Administration of First Aid policy</i>)	R	R	R		
Ensuring that a parent/guardian of the child is notified as soon as is practicable, but not later than 24 hours after the occurrence, if the child is involved in any incident, injury, trauma or illness while at the service (<i>Regulation 86</i>)	R	√	√		
Notifying other person/s as authorised on the child's enrolment form when the parents/guardians are not contactable	R	√	√		
Considering the emotional wellbeing of all children and educators during and following an accident, injury, trauma or illness events	√	√	√		
Ensuring that regulatory and legislative responsibilities are met in relation to any incident, injury or medical emergency	R	√	√		
Ensuing notifications of serious incidents (<i>refer to Definitions</i>) are made to the regulatory authority (DE) (<i>refer to Definition</i>) through the NQA IT System (<i>refer to Definitions</i>) as soon as is practicable but not later than 24 hours after the occurrence	R	√			
[this only applies for any kindergartens delivered by school councils on school premises]					
Ensuring that management and reporting of incidents is in accordance with the 6 stages of the department's management and reporting incidents (including emergencies) process	R	√	√		√

Recording details of any incident, injury or illness in the Incident, Injury, Trauma and Illness Record (<i>refer to Definitions</i>) as soon as is practicable but not later than 24 hours after the occurrence	R	√			
Signing the Incident, Injury, Trauma and Illness Record, thereby acknowledging that they have been made aware of the incident				√	
Reviewing and evaluating procedures after an incident or illness as part of the quality improvement process and taking appropriate action to remove the cause if required. For example, removing a nail found protruding from climbing equipment or retraining staff to adhere more closely to the service's <i>Hygiene Policy</i>	R	√	√		
Ensuring that completed medication records are kept until the end of 3 years after the child's last attendance (<i>Regulation 92, 183</i>)	R	√			
Ensuring that Incident, Injury, Trauma and Illness Records are maintained and stored securely until the child is 25 years old (<i>Regulations 87, 183</i>) (<i>refer to Privacy and Confidentiality Policy</i>)	R	√			
Communicating with families about children's health requirements in culturally sensitive ways and implementing individual children's medical management plans, where relevant	R	√	√	√	
Being contactable, either directly or through emergency contacts listed on the child's enrolment form, in the event of an incident requiring medical attention				√	
Requesting the parents/guardians make arrangements for the child or children involved in an incident or medical emergency to be collected from the service, or informing parents/guardians if an ambulance has been called	R	√	√	√	
Collecting their child as soon as possible when notified of an incident, injury or medical emergency involving their child				√	
Arranging payment of all costs incurred when an ambulance service required for their child at the service				√	

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PROCEDURES

- Ensuring that the following contact numbers are displayed in close proximity of each telephone:
 - 000
 - DE regional office
 - Approved provider
 - Asthma Australia: 1800 278 462
 - Victorian Poisons Information Centre: 13 11 26
 - Local council or shire.
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- When there is a medical emergency, all staff will:

- call an ambulance, where necessary
- administer first aid, and provide care and comfort to the child prior to the parents/guardians or ambulance arriving
- implement the child's current medical management plan, where appropriate
- notify parents/guardians as soon as is practicable of any serious medical emergency, incident or injury concerning the child, and request the parents/guardians make arrangements for the child to be collected from the service and/or inform the parents/guardians that an ambulance has been called
- notify other person/s as authorised on the child's enrolment form, if the parents/guardians are not contactable
- ensure ongoing supervision of all children in attendance at the service
- accompany the child in the ambulance when the parents/guardians are not present, provided that staff-to-child ratios can be maintained at the service
- notify the approved provider of the medical emergency, incident or injury as soon as is practicable
- complete and submit an incident report to DE, the approved provider and the service's public liability insurer following a serious incident.
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- When a child develops symptoms of illness while at the service, all staff will:
 - observing the symptoms of children's illnesses and injuries and systematically recording and sharing this information with families (and medical professionals where required)
 - ensure that an educator from the child's room, or person in day-to-day care of the service, contacts the parents/guardians or authorised emergency contact for the child
 - request that the child is collected from the service if the child is not well enough to participate in the program
 - ensure that they separate the child from the group and have a staff member remain with the child until the child recovers, a parent/guardian arrives or another responsible person takes charge
 - call an ambulance (*refer to Definition of medical emergency*) if a child appears very unwell or has a serious injury that needs urgent medical attention
 - ensure that the child is returned to the care of the parent/guardian or authorised emergency contact person as soon as is practicable
 - ensure that, where medication, medical or dental treatment is obtained, the parents/guardians are notified as soon as is practicable and within 24 hours, and are provided with details of the illness and subsequent treatment administered to the child
 - ensure that the approved provider is notified of the incident
 - ensure that the Incident, Injury, Trauma and Illness Record is completed as soon as is practicable and within 24 hours of the occurrence.
- Remain away from care due to illness- Guidelines families must follow:
 - Your child will need to remain away from the Centre for any period of time during which:
 - He/she is suffering from a disease or condition that is contagious through normal social contact (refer to the Dealing with Infectious Disease Policy)
 - A medical practitioner has recommended that he/she not attend childcare.
 - If your child is unwell and has undiagnosed symptoms, please notify the centre. Your child will need to remain away from care until you have notified the centre that your child is not/no longer contagious by providing a medical clearance.
 - Or if your child is so sick that he/she:
 - Requires four hourly paracetamol.
 - Has been unwell prior to arriving at the Centre.
 - In the first 24 hours of receiving antibiotics ·

- Has been hospitalised in the last 48 hours.
- Sleeping at unusual times ·
- Has a fever of 38 °C ·
- Is crying constantly as a result of discomfort due to illness
- Is reacting badly to medications.
- In need of constant one to one care
- Has two loose bowel motions
- Has an unknown skin rash.
- Is vomiting or has vomited within a 24-hour period.
- Any Covid symptoms
- If your child becomes ill at the service, you or your emergency contacts will be asked to collect him/her from care. If your child has been sent home from the Centre due to ill health, he/she will be required to remain away from care until the following day, unless medical clearance has been sorted from your child's doctor. All child illnesses will be recorded in the illness book in your child's room.

If sent home due to diarrhoea, they must have had a 'normal' bowel motion before returning to the Centre and be symptom free for at least 24hrs. If your child has been prescribed antibiotics, they can return to the service 24hrs after the first dosage. For any contagious illness or an unspecified rash, you must produce a medical clearance from your doctor that your child is not/no longer contagious and fit to return to care.

Gastroenteritis

For information on Gastroenteritis (gastro) please visit <https://www.healthdirect.gov.au/gastroenteritis>

A gastro outbreak is classified by the Department of Health as two cases within a 48hour period of either vomiting or diarrhoea. In the event of a gastro outbreak, children are required to not return to the Centre for 48hours from the last vomiting or diarrhoea incident.

If any condition or illness usually prevented by immunisation occurs at the service, children who have not yet been immunised against that illness or condition may be excluded from care for their own safety and wellbeing as directed by the Department of Health.

Details that must be entered in the Incident, Injury, Trauma and Illness Record include the following:

- the name and age of the child
- the circumstances leading to the incident, injury or trauma, or relevant circumstances surrounding the child becoming ill (including any symptoms)
- the time and date the incident occurred, the injury was received, or the child was subjected to the trauma, or the apparent onset of the illness
- the action taken by the service, including any medication administered, first aid provided or medical personnel contacted
- details of any person who witnessed the incident, injury or trauma, or the apparent onset of illness
- the name of any person the service notified, or attempted to notify, of any incident, injury, trauma or illness that a child suffered while being educated and cared for by the service, and the time and date of the notifications/attempted notifications

- the name and signature of the person making an entry in the record, and the time and date that the entry was made
- signature of a parent/guardian to verify that they have been informed of the occurrence.
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- All information will be included in the Incident, Injury, Trauma and Illness Record as soon as is practicable, but not later than 24 hours after the incident, injury or trauma, or the onset of the illness.
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BACKGROUND AND LEGISLATION

BACKGROUND

- People responsible for managing early childhood services and caring for children have a duty of care towards those children. All service staff have a responsibility and a duty of care to act to prevent accidents and emergencies at the service.
- An approved service must have policies and procedures in place in the event that a child is injured, becomes ill or suffers trauma. These procedures should be followed and must include the requirement that a parent/guardian be notified in the event of an incident, injury, illness or trauma relating to their child as soon as possible and within 24 hours of the occurrence.
- The *National Regulations* require an accurate Incident, Injury, Trauma and Illness Record to be kept and stored confidentially until the child is 25 years old (*Regulation 183(2)*).
- Under the national legislation, each service must ensure that an entry is recorded in the Incident, Injury, Trauma and Illness Record for the following occurrences:
 - an incident in relation to a child, an injury received by a child or trauma to which a child has been subjected
 - an illness that becomes apparent.
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- Medical emergencies may include serious health issues such as asthma, anaphylaxis, diabetes, fractures, choking and seizures. Such emergencies generally involve only one child, however they can affect everyone in the children’s service. In some cases it will be appropriate to refer to specific policies for guidance, such as the *Dealing with Medical Conditions Policy, Asthma Policy, Anaphylaxis and Allergic Reactions Policy, Diabetes Policy and Epilepsy and Seizures Policy*.
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LEGISLATION AND STANDARDS

- Relevant legislation and standards include but are not limited to:
 - Australian Standards AS3745–2002, Emergency control procedures for buildings, structures and workplaces
 - Education and Care Services National Law Act 2010: Section 174(2)
 - Education and Care Services National Regulations 2011: Regulations 77, 85–87, 103, 177, 183
 - Public Health and Wellbeing Act 2008 (Vic)

- Public Health and Wellbeing Regulations 2009 (Vic)
- Occupational Health and Safety Act 2004 (Vic)
- Occupational Health and Safety Regulations 2007
- WorkSafe Victoria Compliance Code: First aid in the workplace (2008)
- National Quality Standard, Quality Area 2: Children’s Health and Safety
- National Quality Standard, Quality Area 3: Physical Environment
- National Quality Standard, Quality Area 7: Governance and Leadership
- Therapeutic Goods Act 1989 (Cth)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: www.legislation.vic.gov.au
- Commonwealth Legislation – Federal Register of Legislation: www.legislation.gov.au



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DEFINITIONS

- The terms defined in this section relate specifically to this policy. For regularly used terms e.g. Approved Provider, Nominated Supervisor, Notifiable complaints, Serious Incidents, Duty of Care, etc. refer to the Definitions file of the PolicyWorks catalogue.
- **Emergency services:** Includes ambulance, fire brigade, police and state emergency services.
- **First aid:** Is the immediate treatment or care given to a person suffering from an injury or illness until more advanced care is provided or the person recovers. First aid training should be delivered by approved first aid providers, and a list is published on the ACECQA website: www.acecqa.gov.
- **Hazard:** A source or situation with a potential for harm in terms of human injury or ill health, damage to property, damage to the environment or a combination of these.
- **Illness:** Any sickness and/or associated symptoms that affect the child’s normal participation in the program at the service.
- **Incident, Injury, Trauma and Illness Record:** Contains details of any incident, injury, trauma or illness that occurs while the child is being educated and cared for by the service. The Approved Provider must ensure an Injury, Trauma and Illness Record is kept in accordance with *Regulation 87 of the Education and Care Services National Regulations 2011* and kept for the period of time specified in *Regulation 183*. A sample is available on the ACECQA website: www.acecqa.gov.au (search ‘Sample forms and templates’).
- **Incident:** Any unplanned event resulting in or having potential for injury, ill health, damage or other loss.
- **Injury:** Any physical damage to the body caused by violence or an incident.
- **Medical attention:** Includes a visit to a registered medical practitioner or attendance at a hospital.
- **Medical emergency:** An injury or illness that is acute and poses an immediate risk to a person's life or long-term health.
- **Medication:** Medicine within the meaning of the *Therapeutic Goods Act 1989* of the Commonwealth. Medicine includes prescription, over-the-counter and complementary

medicines. All therapeutic goods in Australia are listed on the Australian Register of Therapeutic Goods, available on the Therapeutic Goods Administration website tga.gov.au

- **Minor incident:** An incident that results in an injury that is small and does not require medical attention.
- **Trauma:** An emotional wound or shock that often has long-lasting effects or any physical damage to the body caused by violence or an incident.

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SOURCES AND RELATED POLICIES



SOURCES

- ACECQA sample forms and templates: www.acecqa.gov.au
- Building Code of Australia: www.abcb.gov.au
- Health Direct: <https://www.healthdirect.gov.au/gastroenteritis>
- Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition, 2013) National Health and Medical Research Council: www.nhmrc.gov.au
- VMIA Insurance Guide, Community Service Organisations program: www.vmia.vic.gov.au
- WorkSafe Victoria: Guide to Incident Notification: www.worksafe.vic.gov.au
- WorkSafe Victoria: Online notification forms: www.worksafe.vic.gov.au

RELATED POLICIES

- Administration of First Aid
- Administration of Medication
- Anaphylaxis and Allergic Reactions
- Asthma
- Child Safe Environment and Wellbeing
- Dealing with Infectious Diseases
- Dealing with Medical Conditions
- Delivery & Collection of Children
- Diabetes
- Emergency and Evacuation
- Epilepsy and Seizures
- Excursions and Service Events
- Hygiene
- Occupational Health and Safety
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- Privacy and Confidentiality
- Road Safety and Safe Transport

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EVALUATION

- In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:
- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- review and analyse information gathered from the Incident, Injury, Trauma and Illness Record and staff first aid records regarding incidents at the service
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk ([Regulation 172 \(2\)](#)).

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ATTACHMENTS

- Attachment 1: Sample hazard identification checklist

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AUTHORISATION

- This policy was adopted by the approved provider of Yarram Early Learning on August 2020
- **REVIEW DATE:** January/2026

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INCIDENT / INJURY / TRAUMA & ILLNESS RECORD

(Education and Care National Regulations- 85, 86, 87, 176)



CHILD DETAILS

Child's full name					
Date of birth		Age		Gender	
Child's Room	<input type="checkbox"/> Ngarawert	<input type="checkbox"/> Wook Gook	<input type="checkbox"/> Tarla	<input type="checkbox"/> Gidi	<input type="checkbox"/> Bataluk
	<input type="checkbox"/> Tiddalek	<input type="checkbox"/> Narrt OSHC	<input type="checkbox"/> Alberton OSHC		

Please tick relevant box below

<input type="checkbox"/> Incident	<input type="checkbox"/> Injury
Date of incident / injury	
Time of incident / injury	

FORM DECLARATION

I declare that this record has been completed as soon as possible and no later than 24 hours after any incident or injury has transpired whilst the child is being educated and cared for by the Service.

DETAILS OF PERSON COMPLETING FORM

Name		Position / role	
Date		Time record was completed	
Signature			

DETAILS OF ANY PERSON WHO WITNESSED THE INCIDENT OR INJURY

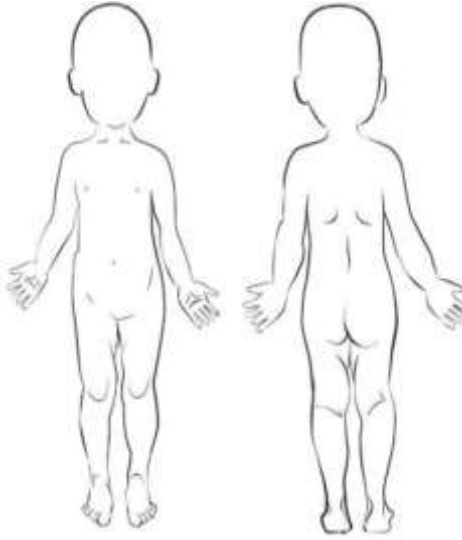
Name of Witness		Position / role	
Signature of Witness			

Due to privacy and confidentiality laws, do not identify the names of any other children involved in the incident/injury. A separate form is required for *each* child involved in any incident or injury event.

CIRCUMSTANCES LEADING TO AND DETAILS OF THE INCIDENT OR INJURY

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NATURE OF INJURY/TRAUMA SUSTAINED - (indicate part of body affected)

 <p>Indicate the part of the body affected on this diagram</p>	<input type="checkbox"/> Abrasion / Scrape / Scratch <input type="checkbox"/> Allergic reaction (not anaphylaxis) <input type="checkbox"/> Amputation <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Asthma / Respiratory <input type="checkbox"/> Bite Wound <input type="checkbox"/> Bruise <input type="checkbox"/> Broken Bone / Fracture / Dislocation <input type="checkbox"/> Burn / Sunburn <input type="checkbox"/> Choking <input type="checkbox"/> Concussion <input type="checkbox"/> Crush / Jam <input type="checkbox"/> Cut / Open Wound <input type="checkbox"/> Drowning (non fatal) <input type="checkbox"/> Electric Shock <input type="checkbox"/> Eye Injury	<input type="checkbox"/> High Temperature <input type="checkbox"/> Infectious Disease (inc gastrointestinal) <input type="checkbox"/> Ingestion / Inhalation / Insertion <input type="checkbox"/> Internal injury / Infection <input type="checkbox"/> Poisoning <input type="checkbox"/> Rash <input type="checkbox"/> Respiratory <input type="checkbox"/> Seizure / Unconscious / Convulsion <input type="checkbox"/> Sprain / Swelling <input type="checkbox"/> Stabbing / Piercing <input type="checkbox"/> Tooth <input type="checkbox"/> Venomous Bite / Sting <input type="checkbox"/> Other (please specify)
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ROOM / LOCATION

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EQUIPMENT / RESOURCES INVOLVED				
ACTION TAKEN				
Details of action taken(include first aid, administration of any medication)				
Does the injury require the child to be excluded from care?				[] Yes [] No
Recommended minimum exclusion period (N/A if not applicable)			[] N/A	
Has the parent been informed of the exclusion period and medical clearance requirements?				[] Yes [] No
Have any steps been taken to prevent or minimise this type of incident in the future?				[] Yes [] No
If yes, provide details				
NOTIFICATIONS (Including attempted notifications)				
CONTACT	FULL NAME	TIME	DATE	Contacted
Parent/guardian/emergency contact				[] Yes [] No
Other Agency(if applicable)				[] Yes [] No
Medical Authorities / Personnel(if applicable)				[] Yes [] No
Phone Number		Message Left		[] Yes [] No
PARENT ACKNOWLEDGEMENT AND COMMENTS				
I..... (name of parent / guardian) have been notified of my child's incident or injury.				
Parent Signature				
Date				
Additional notes / comments				

(OFFICE USE ONLY)

FOLLOW-UP REQUIREMENTS	
Has a medical certificate been provided, stating the child is fit to return to the Service?	[] Yes [] N/A
Has the medical certificate been submitted into the child's file?	[] Yes [] N/A
ACTION TAKEN	
Did emergency services attend?	[] Yes [] No
Was the child transported by ambulance?	[] Yes [] No
Does the illness / incident require notification to the Health Department or any other authorities?	[] Yes [] No
REGULATORY AUTHORITY OFFICER REPORT LODGED (if applicable)	Date Submitted
NQAITS	
NOMINATED SUPERVISOR ACKNOWLEDGEMENT	
Nominated Supervisor Name	
Nominated Supervisor Signature	
Date	