INCIDENT, INJURY, TRAUMA & ILLNESS POLICY

The health and safety of all staff, children, families, and visitors to our Service is of the utmost importance. We aim to reduce the likelihood of incidents, illness, accidents, and trauma through implementing comprehensive risk management, effective hygiene practices, and the ongoing professional development of all staff to respond quickly and effectively to any incident or accident.

We acknowledge that in early education and care services, illness and disease can spread easily from one child to another, even when implementing the recommended hygiene and infection control practices. Our Service aims to minimise illnesses by adhering to all guidelines from relevant government authorities regarding preventing infectious diseases and adhering to exclusion periods recommended by the Australian Government National Health and Medical Research Council (NHMRC) and the Public Health Unit.

When groups of children play together and are in new surroundings, accidents and illnesses may occur. Our Service is committed to effectively managing our physical environment to allow children to experience challenging situations whilst preventing serious injuries.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
2.2.3	Child Safety and Protection	Management, educators and staff are aware of their roles and responsibilities regarding child safety, including the need to identify and respond to every child at risk of abuse or neglect.

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS	
S. 2A	S. 2A Paramount consideration - safety, rights and best interests of children
S.165	Offence to inadequately supervise children
S. 167	Offence relating to protection of children from harm and hazards
S. 174	Offence to fail to notify the regulatory authority
12	Meaning of serious incident
77	Health, hygiene and safe food practices

84	Awareness of child protection law
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
88	Infectious diseases
89	First aid kits
90	Medical conditions policy
93	Administration of medication
95	Procedure for administration of medication
97	Emergency and evacuation procedures
103	Premises, furniture and equipment to be safe, clean and in good repair
104	Fencing
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record
168	Education and care Service must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
172	Notification of change to policies and procedures
175	Prescribed information to be notified to regulatory authority
176	Time to notify certain circumstances to regulatory authority
177	Prescribed enrolment and other documents to be kept by approved provider
183	Storage of records and other documents

ADVENTIST IDENTITY EARLY CHILDHOOD STANDARDS		
2.3	Promote and support children to honour Jesus by taking care of their health, safety, and wellbeing	Support children's faith development in a holistic, respectful, safe, and healthy environment.
		Teach children that they are created by God as unique and valued individuals and help them recognise and practice safe and healthy behaviours.
		Share with children that Jesus loves them and will always be with them.

		Nurture children's well-being and support personal care routines.

RELATED POLICIES

Administration of First Aid Policy	Handwashing Policy
Administration of Medication Policy	Health and Safety Policy
Anaphylaxis Management Policy	Immunisation Policy
Asthma Management Policy	Medical Conditions Policy
Child Protection Policy	Pregnancy in Early Childhood Policy
Child Safe Environment Policy	Privacy and Confidentiality Policy
Dealing with Infectious Disease Policy	Record Keeping and Retention Policy
Delivery of children to, and collection from ECE Premises Policy	Road Safety Policy
Diabetes Management Policy	Safe Use of Digital Technologies and Online Environments Policy
Enrolment Policy	Safe Transportation Policy
Epilepsy Policy	Supervision Policy
Family Communication Policy	Work Health and Safety Policy

PURPOSE

Our Service has a duty of care to respond to and manage illnesses, accidents, incidents, and trauma that may occur at the Service to ensure the safety and well-being of children, educators, staff, and visitors. This policy will guide educators and staff to manage illness, prevent injury and the spread of infectious diseases, and provide guidance on the required action to be taken in the event of an incident, injury, trauma, or illness occurring when a child is educated and cared for.

SCOPE

This policy applies to children, families, educators, staff, the approved provider, nominated supervisor, management, students, volunteers, and visitors of the Service.

IMPLEMENTATION

Under the *Education and Care Services National Regulations*, an approved provider must ensure that policies and procedures are in place for incident, injury, trauma, and illness, and take reasonable steps to ensure policies and procedures are followed. (ACECQA, 2025). In the event of an incident, injury, trauma or illness all staff will implement the guidelines set out in this policy and associated procedure to adhere to legislative requirements under the National Law and National Regulations and inform the regulatory authority as required for notifiable incidents.

Our Service implements risk management planning to identify any possible risks and hazards to our learning environment and practices. Where possible, we have eliminated or minimised these risks as is reasonably practicable.

Our Service implements procedures as stated in the Staying healthy: *Preventing infectious diseases in early childhood education and care services* (6th Edition) developed by the Australian Government National Health and Medical Research Council as part of our day-to-day operation of the Service.

We are guided by explicit decisions regarding exclusion periods and notification of any infectious disease by the *Australian Government- Department of Health* and local Public Health Units in our jurisdiction under the Public Health Act. All decisions relating to incident, injury, trauma or illness management are guided by the paramount consideration of children's safety, health, rights and best interests.

DEFINITION OF A SERIOUS INCIDENT

Regulations require the approved provider or nominated supervisor to notify the regulatory authority within **24 hours** of any serious incident at the Service through the NQA IT System

A serious incident (Reg. 12) is defined as any of the following:

a) the death of a child:

(i) while being educated and cared for by an Education and Care Service or

(ii) following an incident while being educated and cared for by an Education and Care Service.

(b) any incident involving serious injury or trauma to, or illness of, a child while being educated and cared for by an Education and Care Service, which:

(i) a reasonable person would consider required urgent medical attention from a registered medical practitioner or

(ii) for which the child attended, or ought reasonably to have attended, a hospital. For example: whooping cough, broken limb and anaphylaxis reaction

(c) any incident involving serious illness of a child occurring while that child is being educated and cared for by the education and care service for which the child attended, or ought reasonably to have attended, a hospital. Example: severe asthma attack, seizure or anaphylaxis reaction

(d)any emergency for which emergency services attended

(e) any circumstance where a child being educated and cared for by an Education and Care Service

(i) appears to be missing or cannot be accounted for *or*

(ii) appears to have been taken or removed from the Education and Care Service premises in a manner that contravenes these regulations *or*

(iii) is mistakenly locked in or locked out of the Education and Care Service premises or any part of the premises.

A serious incident should be documented as an *Incident, Injury, Trauma and Illness Record* as soon as possible and within **24 hours** of the incident, with any evidence attached.

PHYSICAL ABUSE/SEXUAL ABUSE

Physical abuse refers to the use of physical force against a child that results in harm to the child.

Sexual abuse is any sexual behaviour including grooming behaviour, between an adult and a child.

Any incident or allegation of physical or sexual abuse to a child whilst being educated and cared for at our Service, must also be notified to the regulatory authority within **24 hours** of the approved provider being aware of the incident or allegation. (ACECQA, 2025). If the allegation or incident involves a staff member or volunteer engaged at the Service, a report may also need to be made to the local police and to the Reportable Conduct Scheme.

INJURY, INCIDENT, OR TRAUMA

In the event of any child, educator, staff, volunteer, or visitor having an accident at the Service, an educator who holds an approved first aid qualification will attend to the person immediately. Adequate supervision will be provided to all children attending the Service.

Any workplace incident, injury, or trauma will be investigated, and records kept as per WHS legislation and guidelines. An *Incident Injury Report Register* will be completed to assist with a review of practices following an incident or injury at the Service, including an assessment of areas for improvement.

All staff and educators are required to follow the procedures outlined in our *First Aid Policy* and First Aid Procedure.

INCIDENT, INJURY, TRAUMA, AND ILLNESS RECORD

An *Incident, Injury, Trauma, and Illness* record contains details of any incident, injury, trauma, or illness that occurs, or allegedly occurs, while the child is being educated and cared for at the service. The record will include:

- name and age of the child
- circumstances leading to the incident, injury, or illness
- time and date the incident occurred, the injury was received, or the child was subjected to trauma
- details of any illness that becomes apparent while the child is being cared for, including any symptoms, time, and date of the onset of the illness
- details of the action taken by the educator, including any medication administered, first aid provided, or medical professionals contacted
- details of any person who witnessed the incident, injury, or trauma
- names of any person the educator notified or attempted to notify, and the time and date of this
- signature of the person making the entry, and the time and date the record was made
- the name and signature of the person who provided or attempted to provide the notice.

Educators are required to complete documentation of any incident, injury, or trauma that occurs when a child is being educated and cared for by the Service. This includes recording incidences of biting, scratching, dental or mouth injury. Due to Confidentiality and Privacy laws, only the name of the child injured will be recorded on the *Incident, Injury, Trauma, or Illness Record*. Any other child/ren involved in the incident will not have their names recorded. If other children are injured or hurt, separate records will be completed for each child involved in the incident.

Parents/authorised nominees must acknowledge the details contained in the record, sign, and date the record on arrival to collect their child. All *Incident, Injury, Trauma, and Illness Records* must be kept until the child is 25 years of age (See: *Record Keeping and Retention Policy*).

MISSING OR UNACCOUNTED-FOR CHILD

At all times, reasonable precautions and adequate supervision are provided to ensure children are protected from harm or hazards. However, if a child appears to be missing or unaccounted for, removed from the Service

premises that breaches the National Regulations, or is mistakenly locked in or locked out of any part of the Service, a serious incident notification must be made to the regulatory authority.

A child may only leave the Service in the care of a parent, an authorised nominee named in the child's enrolment record, or a person authorised by a parent or authorised nominee, or because the child requires medical, hospital, or ambulance care or another emergency.

Educators must ensure that:

- the attendance record is regularly cross-checked to ensure all children signed into the Service are accounted for
- children are always supervised
- visitors to the Service are not left alone with children at any time.

Should an incident occur where a child is missing from the Service, educators and the nominated supervisor will:

- attempt to locate the child immediately by conducting a thorough search of the premises (checking any areas that a child could be locked into by accident)
- cross-check the attendance record to ensure the child hasn't been collected by an authorised person and signed out by another person
- if the child is not located within **10 minutes**, emergency services will be contacted, and the approved provider will notify the parent/s or guardian
- continue to search for the missing child until emergency services arrive whilst providing supervision for other children in care
- provide information to the Police such as the child's name, age, appearance (provide a photograph), and details of where the child was last sighted.

If a child is missing during or following transportation, the *Missing Child During Regular Transportation Procedure* is to be followed. The approved provider is responsible for notifying the regulatory authority of a serious incident within **24 hours** of the incident occurring.

HEAD INJURIES

It is common for children to bump their heads during everyday play, however it if difficult to determine whether the injury is serious or not. In the event of any head injury, the First Aid officer will assess the child, administer any urgent First Aid and notify parents/guardians of the incident. Head injuries are generally classified as mild, moderate or severe. Mild head injuries may result in a small lump or bruise, however, may still result in a possible concussion. Parents/guardians will be advised to seek medical advice if their child develops any new symptoms of head trauma.

Emergency services will be contacted immediately on 000 if the child:

- has sustained a head injury involving high speeds or fallen from a height greater than one metre (play equipment)
- loses consciousness

- has a seizure, convulsion or fit
- seems unwell or vomits several times after hitting their head
- has a severe or increasing headache

(see: Head Injury Guide and Procedure)

TRAUMA

Trauma is defined as the impact of an event or a series of events during which a child feels helpless and pushed beyond their ability to cope. There are a range of different events that might be traumatic to a child, including accidents, injuries, serious illness, natural disasters (bushfires), assault, threats of violence, domestic violence, neglect or abuse, and war or terrorist attacks. Parental or cultural trauma can also have a traumatising effect on children. This definition firmly places trauma into a developmental context: "*Trauma changes the way children understand their world, the people in it, and where they belong.*" (Australian Childhood Foundation, 2010).

Trauma can disrupt the relationships a child has with their parents, educators, and staff who care for them. It can transform children's language skills, physical and social development, and the ability to manage their emotions and behaviour.

Behavioural responses in babies and toddlers who have experienced trauma may include:

- avoidance of eye contact
- loss of physical skills such as rolling over, sitting, crawling, and walking
- fear of going to sleep, especially when alone
- nightmares
- loss of appetite
- making very few sounds
- increased crying and general distress
- unusual aggression
- constantly on the move with no quiet times
- sensitivity to noises.

Behavioural responses for preschool-aged children who have experienced trauma may include:

- new or increased clingy behaviour such as constantly following a parent, carer, or staff around
- anxiety when separated from parents or carers
- new problems with skills like sleeping, eating, going to the toilet, and paying attention
- shutting down and withdrawing from everyday experiences
- difficulties enjoying activities
- being jumpier or easily frightened
- physical complaints with no known cause, such as stomach pains and headaches
- blaming themselves and thinking the trauma was their fault.

Children who have experienced traumatic events often need help to adjust to the way they are feeling. When parents, educators, and staff take the time to listen, talk, and play, they may find children begin to say or show how they are feeling. Providing children with time and space lets them know you are available and care about them.

It is important for educators to be patient when dealing with a child who has experienced a traumatic event. It may take time to understand how to respond to a child's needs and new behaviours before parents, educators and staff are able to work out the best ways to support a child. It is imperative to realise that a child's behaviour may be a response to the traumatic event rather than just 'challenging' or 'difficult' behaviour.

EDUCATORS CAN ASSIST CHILDREN DEALING WITH TRAUMA BY:

- observing the behaviours and expressed feelings of a child and documenting responses that were most helpful in these situations
- creating a 'relaxation' space with familiar and comforting toys and objects children can use when they are having a difficult time
- having quiet time, such as reading a story about feelings together
- trying different types of play that focus on expressing feelings (e.g., drawing, playing with playdough, dress-ups, and physical games)
- helping children understand their feelings by using reflecting statements (e.g., 'You look sad/angry right now, I wonder if you need some help?').

There are several ways for parents, educators, and staff to reduce their stress and maintain awareness, so they continue to be effective when offering support to children who have experienced traumatic events.

STRATEGIES TO ASSIST FAMILIES, EDUCATORS, AND STAFF TO COPE WITH CHILDREN'S STRESS OR TRAUMA MAY INCLUDE:

- taking time to calm yourself when you have a strong emotional response. This may mean walking away from a situation for a few minutes or handing over to another educator or staff member if possible
- planning ahead with a range of possibilities in case difficult situations occur
- remembering to find ways to look after yourself, even if it is hard to find time or you feel other things are more important. Taking time out helps adults be more available to children when they need support
- using supports available to you within your relationships (e.g., family, friends, colleagues)
- identifying a supportive person to talk to about your experiences. This might be your family doctor or another health professional
- accessing support resources- BeYou, Emerging Minds.

Living or working with traumatised children can be demanding, so all educators need to be aware of their own responses and seek support from management when required.

ILLNESS MANAGEMENT

To reduce the transmission of infectious illness, our Service implements effective hygiene and infection control routines and procedures from *Staying healthy: Preventing infectious diseases in early childhood education and care services- 6th Edition*.

Practicing effective hygiene helps to minimise the risk of cross-infection within our Service, including:

- immunisation- for children and adults
- respiratory hygiene- limiting airborne germs and the transmission of respiratory diseases. Educators model good hygiene practices and remind children to cough or sneeze into their elbows, use a disposable tissue, and wash their hands immediately with soap and water or use hand sanitiser after touching their mouth, eyes, or nose
- hand hygiene- handwashing techniques are practiced by all educators and children routinely using soap and water before and after eating, after changing children's nappies, when using the toilet, and drying hands thoroughly with a paper towel
- parents, families, and visitors are requested to wash their hands upon arrival and departure at the Service or use an alcohol-based hand sanitiser
- wearing PPE- gloves and masks to provide a protective barrier against germs
- environmental strategies- cleaning with specific products after any spills of body fluids (urine, faeces, vomit, blood, breastmilk). All surfaces, including bedding (mat, cushions) used by an unwell child, will be cleaned with soap and water and then disinfected
- nappy changing and toileting- Infection control practices, including hand hygiene and proper cleaning and disinfection procedures, are implemented when children's nappies are changed. Children are helped and/or supervised using the toilet and washing their hands
- exclusion – children, educators, and other staff who show symptoms of infectious disease are excluded from the Service.

CHILDREN ARRIVING AT THE SERVICE WHO ARE UNWELL

Management will not accept a child into care if they:

- have a diagnosed contagious illness or infectious disease [specific exclusion periods may apply]
- have a temperature above **38.0°C**
- have been given medication for a temperature prior to arriving at the Service (for example: Panadol) (not mandatory but bets practice)
- have had *any* diarrhoea and/or vomiting in the last **24 hours**
- have started a course of antibiotics in the last **24 hours**.

IDENTIFYING SIGNS AND SYMPTOMS OF ILLNESS

Early childhood educators and management are not doctors and are unable to diagnose an illness or infectious disease, however, as our educators are familiar with the children in their care, they will watch for symptoms of sickness. If a child becomes ill whilst at the Service, educators will respond to their individual symptoms of

illness and provide comfort and care. Illness management practices will be implemented in a manner that upholds child safe principles, including adequate supervision, respectful interactions, protection of children's dignity and privacy, and emotional wellbeing, particularly when children are isolated or unwell.

Educators will closely monitor the child, focusing on the symptoms displayed and how the child behaves and be alert to the possibility of symptoms that may suggest the child is very sick and needs urgent medical assistance.

Educators will:

- understand the differences between *concerning and serious symptoms*
- if any *serious symptoms* are observed (breathing difficulties, drowsiness, unresponsiveness, looking pale or blue, or feeling cold)
  - an ambulance will be called immediately
- if any ***concerning symptoms*** are observed (lethargy, fever, poor feeding, new rash, poor urine output, irritation or pain, or sensitivity to light), educators will:
  - monitor the child carefully
  - call parents/carers
  - discuss symptoms with parents/carers and help them decide whether the child needs to see a doctor
- educators will monitor the child and will consider calling an ambulance if:
  - any concerning symptoms become severe
  - the child gets worse very quickly
  - there are multiple concerning symptoms.

(Staying Healthy, 6th Edition, 2024)

In the event of any child requiring ambulance transportation and medical intervention, a serious incident will be reported to the regulatory authority (Reg. 12) by the approved provider within **24 hours**.

If the child has symptoms that suggest they are sick and they are not well enough to enjoy activities, they should go home, and parents/caregivers will be contacted. The child will be cared for in an area that is separated from other children in the Service to await pick up from their parent/guardian or emergency contact person. A child who is displaying symptoms of a contagious illness or virus (vomiting, diarrhoea, fever) will be moved away immediately from the rest of the group and supervised until he/she is collected by a parent or emergency contact person.

SYMPTOMS INDICATING ILLNESS MAY INCLUDE:

- lethargy and decreased activity
- difficulty breathing
- fever (temperature more than **38°C**)
- headaches
- poor feeding
- poor urine output/ dark urine
- a stiff neck, irritability, or sensitivity to light

- new red or purple rash
- pain
- diarrhoea
- vomiting
- discharge from the eye or ear
- skin that displays rashes, blisters, spots, crusty or weeping sores
- loss of appetite
- difficulty in swallowing or complaining of a sore throat
- persistent, prolonged, or severe coughing

(This is not an exhaustive list of indicators of illness)

HIGH TEMPERATURES OR FEVERS

Children get fevers or temperatures for all kinds of reasons. Most fevers and the illnesses that cause them last only a few days. Recognised authorities suggest a child's normal temperature will range between **36.5°C** and **38.0°C**.

WHEN A CHILD DEVELOPS A HIGH TEMPERATURE OR FEVER AT THE SERVICE

- for infants under 3 months old, parents/guardians will be notified immediately for any fever over **38°C** for immediate medical assistance. If a parent is uncontactable, emergency contacts will be contacted. If family members are unable to be contacted and emergency medical assistance is required, the Service will follow the *Administration of First Aid Policy* and contact emergency services
- educators will check a child's temperature if they think the child has a fever. If it is between **37.5°C** and **37.9°C,** educators will retest within 30 minutes (records will be kept of time, date, and temperature)
- educators will notify parents when a child registers a temperature of **38°C** or higher
- educators will follow the *Illness Management Procedure* for methods to reduce a child's temperature or fever
- the child will need to be collected from the Service as soon as possible (within 30 minutes)
- educators will monitor the child carefully to ensure their condition does not get worse and call an ambulance immediately if required
- parents/carers will be provided with a *Fever* factsheet for further information
- educators will complete an *Incident, Injury, Trauma, and Illness* record and note down any other symptoms that may have developed along with the temperature (for example, a rash, vomiting, etc.)
- if the child has gone home from the Service with a fever, but their temperature is normal the next morning, they can return to the Service. (Staying Healthy, 6th Edition, 2024)

RESPIRATORY SYMPTOMS

Respiratory symptoms include cough, sneezing, runny or blocked nose, and sore throat. It is not unusual for children to have five or more colds a year, and children in education and care services may have as many as 8–12 colds a year. A runny or blocked nose is a common symptom of many respiratory conditions or diseases

that may be infectious, such as a cold, influenza, or COVID. Some causes, however, are not infectious, such as allergies (hay fever).

As each child may have different symptoms of a respiratory illness, our Service will consider exclusion based on the severity of the symptoms and the child's behaviour. Children can become distressed and lethargic when unwell and should be at home with a parent or carer under close supervision.

A child will be excluded from the Service if:

- the respiratory symptoms are severe or;
- the symptoms become worse during the day (more frequent or severe) or;
- the child has other concerning symptoms (fever, tiredness, pain, poor feeding).

(Staying Healthy, 6th Edition, 2024).

DIARRHOEA AND VOMITING (GASTROENTERITIS)

Gastroenteritis (or 'gastro') is a general term for an illness of the digestive system. Typical symptoms include abdominal cramps, diarrhoea, and vomiting. In many cases, it does not need treatment, and symptoms disappear in a few days. However, gastroenteritis can cause dehydration because of the large amount of fluid lost through vomiting and diarrhoea. Therefore, if a child does not receive enough fluids, he/she may require fluids intravenously.

If a child has diarrhoea and/or vomiting whilst at the Service, management will notify parents or emergency contact to collect the child immediately. Parents/carers will be provided with a *Diarrhoea or vomiting (gastroenteritis*) fact sheet for further information.

In the event of an outbreak of viral gastroenteritis, management will contact the local Public Health Unit. Public Health Unit- Local state and territory health departments. An outbreak is when two or more children or staff have a sudden onset of diarrhoea or vomiting in a 2-day period. Management must document the number of cases, dates of onset, and duration of symptoms. (See: *Illness or Infectious Disease Register.*

Staff and children who have had diarrhoea and/or vomiting will be excluded from the Service until there has been no diarrhoea or vomiting for at least **24 hours**. If the diarrhoea or vomiting is confirmed to be norovirus, they will be excluded until there has not been any diarrhoea or vomiting for at least **48 hours**. Staff who handle food will be excluded from the Service for up to **48 hours** after they have stopped vomiting or having diarrhoea. [Staying healthy, 2024.] Services can amend exclusion time as per the state/territory Public Health Unit recommendations.

An *Illness Record* must be completed as per regulations. Notifications for serious illnesses must be lodged with the regulatory authority and the Public Health Unit.

NOTIFYING FAMILIES AND EMERGENCY CONTACT- SICKNESS OR INFECTIOUS ILLNESS

- it is a requirement of the Service that all emergency contacts can pick up an ill child within a 30-minute timeframe

- in the event that the ill child is not collected in a timely manner, or should parents refuse to collect the child, a warning letter may be sent to the families outlining Service policies and requirements. The letter of warning will specify that if there is a future breach of this nature, the child's enrolment position may be terminated
- parents or guardians are notified as soon as practicable and no later than **24 hours** of the illness, accident, or trauma occurring
- families will be notified of any outbreak of an infectious illness (e.g., Gastroenteritis, whooping cough) within the Service via our notice board, online app, or email to assist in reducing the spread of the illness
- when a child has been diagnosed with an illness or infectious disease, the Service will refer to information about recommended exclusion periods from the Public Health Unit (PHU) and *Staying Healthy: Preventing infectious diseases in early childhood education and care services, 6th Edition (2024)*
- exclusion periods for illness and infectious diseases are provided to families and included in our Family Handbook and *Dealing with Infectious Disease Policy*
- Families are provided with clear information about any illness or disease from Staying Healthy, 6th Edition.

The Approved Provider/Management/Nominated Supervisor/Responsible Person/ Educators will ensure:

- that obligations under the Education and Care Services National Law and Education and Care Services National Regulations are met and child's safety and wellbeing are prioritised at all times
- educators, staff, students, visitors and volunteers have knowledge of and adhere to this policy and associated procedure and are advised on how and where the policy can be accessed
- every reasonable precaution is taken to protect children from harm and hazards likely to cause injury
- all educators, staff and students are aware of their mandatory reporting obligations and responsibilities
- staff, educators, volunteers, and students adhere to applicable legislative and regulatory requirements and not use, or have access to, any personal electronic devices, including mobile phones or smart watches used to take images or videos when educating and caring for children at the Service
- each child's enrolment records include authorisations by a parent or person named in the record for the approved provider, nominated supervisor or educator to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and if required, transportation by an ambulance service
- accurate attendance records are kept at all times
- parents or guardians are notified as soon as practicable and no later than **24 hours** of the illness, accident, or trauma occurring
- any incident, injury, trauma, illness or allegation of physical or sexual abuse to a child whilst being educated and care for, is recorded as soon after the event as possible (within **24 hours**)
- an *Incident, Injury, Trauma and Illness Record* is completed accurately and in a timely manner as soon after the event as possible (within **24 hours**)

- if the incident, situation or event presents imminent or severe risk to the health, safety and wellbeing of any person present at the Service, or if an ambulance was called in response to the emergency (not as a precaution), the regulatory authority will be notified within **24 hours** of the incident
- the regulatory authority is notified of any allegation of physical or sexual abuse within **24 hours** of the incident, or within **24 hours** of the approved provider being aware of any incident or allegation using the NQA ITS incident form
- families are advised to keep their child home until they are feeling well, and they have not had any symptoms for at least **24-48 hours** (depending upon the illness and exclusion periods)
- children or staff members who are diagnosed with an illness or infectious disease may be excluded as per recommended exclusion periods
- families are notified of any infectious disease circulating the Service within **24 hours** of detection
- a child who has not been immunised will be excluded from the Service if a vaccine preventable disease is reported within the Service community and that child is deemed to be in danger of contracting the illness. Please refer to our *Dealing with Infectious Diseases Policy*
- families of a child with complex and chronic medical conditions will be notified in the event of an outbreak of an illness or infectious disease that could compromise their health
- families are notified to collect their child if they have vomited or had diarrhoea whilst at the Service
- a review of practices is conducted following an outbreak of illness or infectious diseases at the Service, including an assessment of areas for improvement
- first aid kits are suitably equipped and checked regularly (see *First Aid Kit Checklist*)
- first aid kits are easily accessible when children are present at the Service and during excursions
- that the following qualified people are in attendance at all times the Service is providing education and care to children [Reg. 136]
    - at least one educator, staff member or nominated supervisor who holds a current ACECQA approved first aid qualification including emergency life support and CPR resuscitation
    - at least one educator, staff member or nominated supervisor of the Service who has undertaken current approved anaphylaxis management training
    - at least one educator, staff member or nominated supervisor of the Service who has undertaken current approved emergency asthma management training
- educators or staff who have diarrhoea or an infectious disease do not prepare food for others for at least 48 hours after the symptoms have resolved
- cold food is kept cold (below 5 °C) and hot food, hot (above 60°C) to discourage the growth of bacteria
- staff and children always practice appropriate hand hygiene and cough and sneezing etiquette
- appropriate cleaning practices are followed
- toys and equipment are cleaned and disinfected on a regular basis which is recorded in the toy cleaning register or cleaned immediately if a child who is unwell has mouthed or used these toys or resources
- additional cleaning will be implemented during any outbreak of an infectious illness or virus

- information regarding the health and wellbeing of a child or staff member is not shared with others unless consent has been provided, in writing, or provided the disclosure is required or authorised by law under relevant state/territory legislation
- a review of practices is conducted following a serious incident at the Service, including an assessment of areas for improvement
- a review of practices is conducted following an outbreak of illness or infectious diseases at the Service, including an assessment of areas for improvement.

Families will:

- adhere to the Service's policies regarding *Incident, Injury, Trauma, and Illness*
- provide authorisation in the child's enrolment record for the approved provider, nominated supervisor, or educator to seek medical treatment from a medical practitioner, hospital, or ambulance service, and if required, transportation by ambulance service
- provide up-to-date medical and contact information in case of an emergency
- provide emergency contact details and ensure details are kept up to date
- ensure that their child can be collected from the Service within a 30-minute timeframe if required due to illness by either a parent or emergency contact
- provide the Service with all relevant medical information, including Medicare and private health insurance
- provide a copy of their child's medical management plans and update these annually or whenever medication/medical needs change
- adhere to recommended periods of exclusion if their child has a virus or infectious illness (exclusion for common or concerning conditions)
- seek medical advice for their child's illness/fever as required
- keep up to date with their child's immunisation, providing a copy of the updated AIR Immunisation History Statement to the Service following each immunisation on the National Immunisation Schedule
- complete documentation as requested by the educator and/or approved provider- *Incident, Injury, Trauma, and Illness record,* and acknowledge that they were made aware of the incident, injury, trauma, or illness
- inform the Service if their child has an infectious disease or illness
- provide evidence required from doctors or specialists that the child is fit to return to care if required- including post-surgery
- complete and acknowledge details in the *Administration of Medication Record* if required.

BREACH OF POLICY

Staff members or educators who fail to adhere to this policy may be in breach of their terms of employment and may face disciplinary action.

RESOURCES

beyou Natural Disaster Resource
Emerging Minds Community Trauma Toolkit
Common cold fact sheet
Concussion and mild head injury

Exclusion for common or concerning conditions
NSW Health Gastro Pack NSW Health
NSW Health Stopping the spread of childhood infections factsheet.
Staying healthy- 6th Edition Fact sheets
Time Out Keeping your child and other kids healthy! (Queensland Government)
Time Out Brochure Why do I need to keep my child at home?
The Sydney Children's Hospitals network (2020). Fever

CONTINUOUS IMPROVEMENT/REFLECTION

The *Incident, Injury, Trauma and Illness Policy* will be evaluated and reviewed on an annual basis or earlier if there are changes to legislation, ACECQA guidance or incidences related to child safety or celebration practices. Feedback will be requested from children, families, staff, educators and management and notification of any change to policies will be made to families within **14 days.**

RELATED RESOURCES

Administration of Medication Form	Illness or Infectious Disease Register
Administration of Paracetamol Record	Incident, Injury, Trauma, or Illness Record
First Aid Checklist	Missing Child During Regular Transportation Procedure
Hand Washing Procedure	Missing Child Procedure
Head Injury Guide and Procedure	Regulatory Authority Notifications Procedure
Illness Management Procedure	

SOURCES

Australian Children's Education & Care Quality Authority. (2026). *Guide to the National Quality Framework*
Australian Children's Education & Care Quality Authority. (2025). *Policy and Procedure Guidelines. Incident, Injury, Trauma and Illness Guidelines.*
Australian Government Department of Education. (2022). *Belonging, Being and Becoming: The Early Years Learning Framework for Australia. V2.0.*
BeYou (2024) *Natural disaster Response*
Children (Education and Care Services) National Law (NSW)
Early Childhood Australia. (2016). *Code of Ethics.*
Education and Care Services National Law Act 2010
Education and Care Services National Regulations 2011
Health Direct https://www.healthdirect.gov.au/
National Health and Medical Research Council. (2024). *Staying healthy: Preventing infectious diseases in early childhood education and care services. 6th Edition.*
Raising Children Network: https://raisingchildren.net.au/guides/a-z-health-reference/fever
SafeWork Australia: First Aid

REVIEW

POLICY REVIEWED BY	KAREN PETRIE	POSITION	PROJECT OFFICER EARLY CHILDHOOD
POLICY REVIEWED	MARCH 2026	NEXT REVIEW DATE	MARCH 2027
VERSION NUMBER	V20.03.26		
MODIFICATIONS	• annual policy review • definition of serious incident edited		

	• added children's safety, wellbeing and best interests to be paramount consideration for all service operations • updated amended National Law and National Regulations • minor edits to enhance child safety practices • National Model Code recommendations now replaced by mandatory legislative and regulatory requirements	
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
SEPTEMBER 2025	• policy updated to adhere to changes in National Regulations- child safety • additional section added- Physical and Sexual Abuse and notification requirements to regulatory authority • additional child safe practices added- Safe Use of Digital Technologies and Online Environments (National Model Code) • sources updated	MARCH 2026