INCIDENT, INJURY, TRAUMA & ILLNESS POLICY

The health and safety of all staff, children, families and visitors to Langwarrin Community Centre 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 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. Langwarrin Community Centre aims to minimise illnesses by adhering to all recommended guidelines from relevant government authorities regarding the prevention of infectious diseases and adhere to exclusion periods recommended by public health units.

When groups of children play together and are in new surroundings accidents and illnesses may occur. Langwarrin Community Centre is committed to effectively manage our physical environment to allow children to experience challenging situations whilst preventing serious injuries.

In the event of an incident, injury, trauma or illness all staff will implement the guidelines set out in this policy to adhere to National Law and Regulations and inform the regulatory authority as required.

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 Protection 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 REGULATIONS	
S.165	Offence to inadequately supervise children
S 167	Offence relating to protection of children from harm and hazards
S. 174(2)(a)	Prescribed information to be notified to Regulatory Authority
Sec.176(2)(a)	Time to notify certain information to Regulatory Authority
84	Awareness of child protection law
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
88	Infectious diseases
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103	Premises, furniture and equipment to be safe, clean and in good repair
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161	Authorisations to be kept in enrolment record
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171	Policies and procedures to be kept available
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177	Prescribed enrolment and other documents to be kept by approved provider
183	Storage of records and other documents

RELATED POLICIES

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

PURPOSE

Educators have 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 wellbeing of children, educators and visitors. This policy will guide educators to manage illness and prevent injury and the spread of infectious diseases and provide guidance of 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, approved provider, nominated supervisor, management, 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 to adhere to legislative requirements under the Victorian Law and Regulations and inform the regulatory authority as required for notifiable incidents.

Langwarrin Community Centre 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.

We are committed to minimise the spread of infectious diseases such as coronavirus (COVID-19) by implementing recommendations provided by the Australian Government- Department of Health and Safe Work Australia.

Our Service implements procedures as stated in the Staying healthy: *Preventing infectious diseases in early childhood education and care services* (Fifth 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.

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 or emergency where the attendance of emergency services at the Education and Care Service premises was sought, or ought reasonably to have been sought (e.g.: severe asthma attack, seizure or anaphylaxis)

(d) 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)

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 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, illness
- time and date the incident occurred, the injury was received, or the child was subjected to trauma
- details of any illness which 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

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 nominee 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 is 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 other 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 supervised at all times
- 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 a 10-minute period, 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 Police such as: child's name, age, appearance, (provide a photograph), details of where the child was last sighted.

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 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

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 (bush fires), assault, and 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 response 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 pre-school aged children who have experiences 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 'naughty' 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 play dough, dress-ups and physical games such as trampolines)
- 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 a number of ways for parents, educators and staff to reduce their own 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 it is important for all educators 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*.

Practising effective hygiene helps to minimise the risk of cross infection within our Service include:

- 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 elbow or 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 practised 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 paper towel.
- wearing PPE- gloves 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 a child who is unwell, will be cleaned with soap and water and then disinfected, washed in machine and dried in sun or dryer..
- 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)
- 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. To ensure the symptoms are not infectious and to minimise the spread of an infection, medical advice may be required to ensure a safe and healthy environment.
Recommendations from the Department of Health will be adhered to minimise risk where reasonably practicable.

During a pandemic, such as COVID-19, risk mitigation measures may be implemented within the Langwarrin Community Centre to manage the spread of the virus. These measures may include but are not limited to the following:

- notifying vulnerable people within the workplace of the risks of the virus/illness including:
    - people with underlying medical needs
    - children with diagnosed asthma or compromised immune systems

    - Aboriginal and Torres Strait Islander people over the age of 50 with chronic medical conditions
- enhanced personal hygiene for children, staff and parents (including frequent handwashing)
- full adherence to the NHMRC childcare cleaning guidelines and cleaning and disinfecting high touch surfaces at least twice daily, washing and laundering play items and toys
- recommending influenza vaccination for children, staff and parents

Educators will:

- understand the differences between ***concerning and serious symptoms***
- if any ***serious symptoms*** are observed (breathing difficulties, drowsiness or 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.

Children who appear unwell at the Service will be closely monitored and if any symptoms described below are noticed, or the child is not well enough to participate in normal activities, parents or an emergency contact person will be contacted to collect the child as soon as possible.

A child who is displaying symptoms of a contagious illness or virus (vomiting, diarrhoea, fever) will be moved away 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:

- behaviour that is unusual for the individual child

- high temperature or fevers
- loose bowels
- faeces that are grey, pale or contains blood
- vomiting
- discharge from the eye or ear
- skin that displays rashes, blisters, spots, crusty or weeping sores
- loss of appetite
- dark urine
- headaches
- stiff muscles or joint pain
- continuous scratching of scalp or skin
- difficulty in swallowing or complaining of a sore throat
- persistent, prolonged or severe coughing
- difficulty breathing
- a stiff neck or sensitivity to light

As per our *Sick Children Policy* we reserve the right to refuse a child into care if they:

- are unwell and unable to participate in normal activities or require additional attention
- have had a temperature/fever, or vomiting in the last 48 hours
- have had diarrhoea in the last 48 hours
- have been given medication for a temperature prior to arriving at the Langwarrin Community Centre
- have started a course of antibiotics in the last 24 hours or
- have a contagious or infectious disease

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. However sometimes a fever will last much longer and might be the sign of an underlying chronic or long-term illness or disease.

Recognised authorities suggest a child's normal temperature will range between 36.0°C and 37.0°C, but this will often depend on the age of the child and the time of day.

Any child with a high fever or temperature reaching 38°C or higher will not be permitted to attend the Service until 24 hours after the temperature/fever has subsided.

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

If a child becomes ill whilst at the Service, educators will respond to their individual symptoms of illness and provide comfort and care. Educators will closely monitor the child focusing on how the child looks and behaves and be alert to the possibility of vomiting, coughing or convulsions. The child will be cared for in an area that is separated as much as possible from other children to await pick up from their parent/carer.

- For infants under 3 months old, parents 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 where required
- Educators will notify parents when a child registers a temperature of 38°C or higher.
- The child will need to be collected and will not permitted back for a further 24 hours
- Emergency services will be contacted should the child have trouble breathing, becomes drowsy or unresponsive or suffers a convulsion lasting longer than five minutes.
- 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.).

METHODS TO REDUCE A CHILD'S TEMPERATURE OR FEVER

- encourage the child to drink plenty of water (small sips), unless there are reasons why the child is only allowed limited fluids
- remove excessive clothing (shoes, socks, jumpers, pants etc.). Educators will be mindful of cultural beliefs.
- parents/guardian will be contacted by phone and informed of their child's temperature

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 for many respiratory conditions or diseases which 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 course of 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 Langwarrin Community Centre, staff will notify parents or an emergency contact to collect the child immediately. In the event of an outbreak of viral gastroenteritis, management will contact the local Public Health Unit.

Langwarrin Community Centre must document the number of cases, dates of onset, duration of symptoms. An outbreak is when two or more children or staff have a sudden onset of diarrhoea or vomiting in a 2-day period. (NSW Government- Health 2019).

Staff and children that have had diarrhoea and/or vomiting will be excluded from the Service until there has not been any diarrhoea or vomiting for at least 24 hours. If the diarrhoea or vomiting are 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 state/territory Public Health Unit recommendations

An *Incident, Injury, Trauma and Illness* record must be completed as per regulations. Notifications for serious illnesses must be lodged with the Regulatory Authority and Public Health Unit.

NOTIFYING FAMILIES AND EMERGENCY CONTACT- SICKNESS OR INFECTIOUS ILLNESS

- 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 will 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 via Factsheets from Staying healthy, 6th Edition.

THE APPROVED PROVIDER/MANAGEMENT/NOMINATED SUPERVISOR/RESPONSIBLE PERSON AND EDUCATORS WILL ENSURE:

- service policies and procedures are adhered to at all times
- that obligations under the *Education and Care Services Law and 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 the National Model Code and Guidelines 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)
- 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
- families are advised to keep the 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)
- first aid qualified educators are present at all times on the roster and in the Service
- first aid kits are suitably equipped and checked on a regular basis (see *First Aid Kit Checklist*)
- first aid kits are easily accessible when children are present at the Service and during excursions
- first aid, emergency anaphylaxis management training, and asthma management training is current and updated as required
- adults or children who are ill are excluded for the appropriate period (see *Sick Children Policy*)
- children are excluded from the Service if staff feel the child is too unwell to attend or is a risk to other children
- educators or staff who have diarrhoea or an infectious disease do not prepare food for others
- cold food is kept cold (below 5 °C) and hot food, hot (above 60°C) to discourage the growth of bacteria
- 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
- parents are notified of any infectious diseases circulating the Service within 24 hours of detection
- 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 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
- all illnesses are documented in the Service *Incident, Injury, Trauma and Illness Record*
- 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 (including Child Information Sharing Scheme [CISS] or the Family Violence Information Sharing Scheme [FVISS] for Victorian services).

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 (cost of an ambulance is NOT covered by the 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
- 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 annually or whenever medication/medical needs change
- adhere to recommended periods of exclusion if their child has a virus or infectious illness
- 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 as required from doctors or specialists that the child is fit to return to care if required
- provide written consent for educators to administer first aid and call an ambulance if required (as per enrolment record)
- 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 Bushfire resource

Emerging Minds Community Trauma Toolkit

Fever in children- (health direct.gov.au)

Head Injury and concussion

NSW Health Gastro Pack NSW Health

Staying Healthy: *Preventing infectious diseases in early childhood education and care services*

Recommended exclusion periods- Poster

Minimum periods for exclusion from childcare services (Victoria)

CONTINUOUS IMPROVEMENT/REFLECTION

The *Incident, Injury, Trauma and Illness Policy* will be reviewed on a regular basis.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Administration of Medication Form First Aid Checklist Hand Washing Procedure Head Injury Guide and Procedure	Illness Management Procedure Incident, Injury, Trauma or Illness Record

Source

Australian Children's Education & Care Quality Authority. (2025). *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 Childhood Foundation. (2010). Making space for learning: Trauma informed practice in schools: https://www.theactgroup.com.au/documents/makingspaceforlearning-traumainschools.pdf
Australian Government Department of Education, *Belonging, Being and Becoming: The Early Years Learning Framework for Australia*. V2.0
Australian Government Department of Health *Health Topics* https://www.health.gov.au/health-topics
Beyond Blue: https://beyou.edu.au/resources/news/covid-19-supporting-schools
BeYou (2020) *Bushfires response* https://beyou.edu.au/bushfires-response
Early Childhood Australia Code of Ethics. (2016).
Education and Care Services National Law Act 2010. (Amended 2018).
Education and Care Services National Regulations. (2011)
Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).
Guide to the National Quality Standard. (2020)
Health Direct https://www.healthdirect.gov.au/
National Health and Medical Research Council. (2012). *Staying healthy: Preventing infectious diseases in early childhood education and care services.* Fifth Edition (updated 2013).
NSW Public Health Unit: https://www.health.nsw.gov.au/Infectious/Pages/phus.aspx
Policy Development in early childhood setting
Raising Children Network: https://raisingchildren.net.au/guides/a-z-health-reference/fever

Revised National Quality Standard. (2018).
SafeWork Australia: https://www.safeworkaustralia.gov.au/safety-topic/managing-health-and-safety/first-aid
The Sydney Children's Hospitals network (2020). https://www.schn.health.nsw.gov.au/fact-sheets/fever

REVIEW

POLICY REVIEWED BY	Carol Hopkins	CSO	Feb 2026
POLICY REVIEWED	Feb 2026	NEXT REVIEW DATE	Feb 2028
VERSION NUMBER	• V12 02.26		
MODIFICATIONS	• policy maintenance • hyperlinks checked and repaired as required • 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) • edits to head injury management • sources updated as required		
APPROVED BY	• Neil Kinsey		

POLICY REVIEWED BY	Carol Hopkins	CSO	April 2023
POLICY REVIEWED	Dec 2023	NEXT REVIEW DATE	Dec 2025
VERSION NUMBER	• V11 12.23		
MODIFICATIONS	• annual policy maintenance • hyperlinks checked and repaired as required • continuous improvement section and Resource section added		
POLICY REVIEWED BY	Carol Hopkins	CSO	April 2023
POLICY REVIEWED	April 2023	NEXT REVIEW DATE	April 2024
VERSION NUMBER	• V10 04.2023		
MODIFICATIONS	• annual policy maintenance • name change of Control of Infectious Disease Policy to *Dealing with Infectious Disease Policy* • reference to ELYF updated to V2.0 • vaccination requirements for COVID 19 removed • updated information on managing positive COVID cases added • hyperlinks checked and repaired as required • continuous improvement section and Resource section added		
POLICY REVIEWED BY	Samantha Neeman	Manager	May 2022

POLICY REVIEWED	May 2022	NEXT REVIEW DATE	May 2023
MODIFICATIONS	• updated information re: COVID-19 • updated Parent/Family notification for positive COVID-19 • broken links repaired in sources		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
OCTOBER 2021	• Policy reviewed and included suggested guidelines from ACECQA Incident, Injury, Trauma and Illness (June 2021) • Additional legislative requirements added • Additional related policies • information about Child Information Sharing Schemes (CISS) added for state/territories as required		MARCH 2022
MARCH 2021	• Policy title changed to align with Regulations 85-87 • Information related to administration of paracetamol added • additional sections added for Head Injuries and Missing or unaccounted children • edits to policy to reflect record keeping requirements • Draft Injury, Illness Procedures included in policy • currency of links/sources checked		MARCH 2022
JUNE 2020	• inclusion of COVID-19 risk mitigation strategies • information about COVID-19 included in policy • Public Health Unit information added • additional information related to COVID-19 symptoms added to 'dealing with cold and flu' section • references included to Sick Children and Hand Washing Policy additional resources and sources added		MARCH 2021
MARCH 2020	• Preventing the spread of illness section added • additional information about fevers and temperatures added • section regarding sponging children to reduce fever deleted (Sydney Children's Hospital recommendation) • additional information for trauma added • sources checked for currency/additional sources added		MARCH 2021

MARCH 2019	• Correct references sourced and added to 'sources' • Additional information added to points. • Sources checked for currency. • Sources/references corrected, updated, and alphabetised	MARCH 2020
MAY 2019	• Exclusion period for gastroenteritis has been changed to assist in minimising the spread of infection	
MARCH 2018	• Minor, non-critical changes made to the policy in respect of a child's exclusion depending on the illness.	MARCH 2019
OCTOBER 2017	• Updated the references to comply with the revised National Quality Standards	MARCH 2018
MARCH 2017	• Minor changes made to ensure compliance with regulations protecting the health and safety of children and Educators. • Updated to meet the National Law and/or National Regulations in respect of a serious incidents and notification purposes.	MARCH 2018