

INCIDENT, INJURY, TRAUMA AND ILLNESS

QUALITY AREA 2 | ELAA version 1.2



PURPOSE

This policy will define the:

- procedures to follow if a child is ill or involved in a medical emergency or incident at the service that results in injury or trauma.
- responsibilities of staff, parents/carers, 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

Denzil Don 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 Denzil Don

SCOPE

This policy applies to staff, students, volunteers, visitors, parents/carers, children, and others attending programs and activities at Denzil Don Kindergarten, including offsite excursions.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	All staff, including teaching and non-teaching	Parents/carers	Contractors, volunteers, and students
R indicates legislation requirements 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 all 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>) of all children in all aspects of the service's program that reflects the children's needs, abilities, age, and circumstances.	R	R	√		
Regularly checking indoor and outdoor equipment for hazards (refer to Attachment 1) 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 easy access to a telephone for immediate communication with parents/carers and emergency services	R	√	√		
Ensuring 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 the service has an <i>Occupational Health and Safety policy</i> and procedures that outline processes for effectively identifying, managing, and reviewing risks and hazards likely to cause injury and reporting notifiable incidents to appropriate authorities (<i>refer to Occupational Health and Safety Policy</i>)	R	√	√		
Ensuring a minimum of one educator with a current (within the 3 years) approved first aid qualification on the premises at all times (<i>refer to Administration of First Aid Policy</i>)	R	√			
Ensuring there are an appropriate number of up-to-date, fully equipped first aid kits that are always accessible (<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 management process to be followed concerning 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 the health and wellbeing of other children, staff, and parents/guardians attending the service.				√	
Ensuring a current medical management plan (<i>refer to Definitions</i>) when applicable (<i>Regulation 162(d)</i>)				√	
Notifying the service when their child will be absent				√	
Notifying staff if there is a change in their child's health condition or if there have been any recent accidents or incidents that may impact the child's care, e.g., any bruising or head injuries.	R	√	√	√	√
Immediately responding to an incident, injury, or medical emergency (<i>refer to procedures and Administration of First Aid policy</i>)	R	R	R		

Ensuring that a parent/carer is notified as soon as is practicable but not later than 24 hours after the occurrence of an incident, injury, trauma, or illness involving a child while attending the service (<i>Regulation 86</i>)	R	√	√		
Notifying authorised nominees on the child's enrolment form when the parents/carers 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	√			
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 as an acknowledgment that you have been advised 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.	R	√	√		
Ensuring 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 parents/carers arrange for their child involved in an incident or medical emergency to be collected from the service or advising parents/carers 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 is required for their child at the service				√	



PROCEDURES

Ensuring that the following contact numbers are displayed in proximity of each telephone:

- 000
- DE regional office

- Approved provider
- Asthma Australia: 1800 278 462
- Victorian Poisons Information Centre: 13 11 26
- Local council.

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 before the parents/carers or ambulance arrives.
- implement the child's current medical management plan, where appropriate
- notify parents/carers as soon as is practicable of any serious medical emergency, incident, or injury concerning the child, and request the parents/carers arrange for the child to be collected from the service and/or inform the parents/carers that an ambulance has been called.
- notify other person/s authorised on the child's enrolment form if the parents/carers are not contactable.
- ensure ongoing supervision of all children in attendance at the service.
- accompany the child in the ambulance when the parents/carers are absent, 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.

When a child develops symptoms of an illness while at the service, staff will:

- observe the child to ascertain whether the child is well enough to remain at kindergarten. This may include taking the child's temperature. A temperature of 37.5 degrees and above is considered high enough to send a child home, but the child's behaviour – are they listless, fatigued, or less engaged than usual? – must be considered before calling a parent/carer to collect them. It is recommended that staff seek the opinion of another team member before making the decision to send a child home.
- In the case of serious illness or injury, record information about the symptoms or injury so they can be shared with the family (and medical professionals where required).
- contact the parents/carer or an authorised emergency contact for the child if the child is deemed not well enough to participate in the program. The parent/carer or authorised nominee must collect the child as soon as possible.
- ensure the unwell child is separated from the group and have a staff member remain with them until they recover a parent/carer 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 the child is returned to the care of the parent/carer or authorised emergency contact person as soon as is practicable.
- ensure, where medication, medical or dental treatment is obtained, the parents/carers 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.

When necessary, information will be included in the Incident, Injury, Trauma, and Illness Record as soon as practicable but not later than 24 hours after the incident, injury, trauma, or the onset of the illness.

Parents and carers are asked to respect staff's decision regarding whether a child is well enough to remain at kindergarten. Illness among children can spread quickly, impacting other families and the teaching team. There are also children attending kindergarten with complex medical conditions who

need to know we are taking steps to protect them from exposure to viruses that could further impact their health.

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 the spread of illness, accidents and emergencies at the service.

An approved service must have policies and procedures in place if a child is injured, becomes ill, or suffers trauma. These procedures should be followed and must include the requirement that a parent/carer 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 (*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 and/or an illness that becomes apparent.

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, referring to specific policies for guidance will be appropriate, such as the Dealing with Medical Conditions Policy, Asthma Policy, Anaphylaxis and Allergic Reactions Policy, Diabetes Policy, *and Epilepsy and Seizures Policy*.

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



DEFINITIONS

The terms defined in this section relate specifically to this policy. Refer to the definitions file on the kindergarten website for regularly used terms.

Emergency services: includes ambulance, fire brigade, police, and state emergency services.

First aid: 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. Approved first aid providers should deliver first aid training and a list is published on the ACECQA website: acecqa.gov.

Hazard: a source or situation with a potential for harm in terms of human injury or ill health, property damage, 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: a form to record details of any incident, injury, trauma, or illness that occurs while the child is being educated and cared for by the service. It must be kept in accordance with *Regulation 87 of the Education and Care Services National Regulations 2011* and for the period specified in *Regulation 183*

Incident: any unplanned event resulting/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 acute injury or illness that 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.

Minor incident: an incident that results in a small injury that 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.

SOURCES AND RELATED POLICIES



SOURCES

- ACECQA sample forms and templates: www.acecqa.gov.au
- Building Code of Australia: www.abcb.gov.au
- 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
 - Privacy and Confidentiality
 - Road Safety and Safe Transport
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EVALUATION

To assess whether the values and purposes of the policy have been achieved, the service will:

- 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 assess 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 review cycle or as required.
 - notify stakeholders affected by this policy at least 14 days before making any significant changes to it or its procedures unless a lesser period is necessary due to risk ([Regulation 172 \(2\)](#)).
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ATTACHMENTS

- Attachment 1: NIL
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AUTHORISATION

This policy was adopted by the approved provider of Denzil Don Kindergarten on 22/12/2023.

REVIEW DATE: 22 / DECEMBER / 2025
