



BOURKE AND DISTRICT CHILDREN'S SERVICES

QUALITY AREA 2: CHILDREN'S HEALTH & SAFETY

POLICY NAME: INCIDENT, INJURY, TRAUMA AND ILLNESS

POLICY STATEMENT

The health and safety of all staff, children, families and visitors to our services is of the utmost importance. We aim to reduce the likelihood of incidents, injuries, illness 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 services aim 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 the Australian Government National Health and Medical Research Council (NHMRC) and Public Health Units.

BACKGROUND

The Education and Care Services National Regulations requires Approved Providers to ensure their services have policies and procedures in place in relation to incident, injury, trauma and illness. Our organisation has a duty of care to respond to and manage illnesses, accidents, incidents, and trauma that may occur at the services to ensure the safety and wellbeing of children, staff and visitors. This policy will guide staff 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.

Our service has adopted the 'Staying healthy: Preventing infectious diseases in early childhood education and care services (Sixth Edition)' publication recommendations developed by the Australian Government National Health and Medical Research Council to guide our practices to help limit the spread of illness and disease. 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.

Whilst we urge families to keep their child away from the service while they are unwell, the same also applies to all staff members who will be required to take personal leave if they are unwell to minimise the transmission of infectious disease and illness to others. When a staff member is unwell with an illness or injury, it is critical that they take care of their own health and take time to recover before returning to the demands and responsibilities of an early childhood education and care setting. To enable compliance with Work Health and Safety legislation and our Code of Conduct Policy, all staff must take reasonable care for their own health and safety and others in the workplace.

OVERALL STRATEGIES / HOW WILL IT BE DONE?

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, trauma or 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 service 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
- Due to Privacy and Confidentiality 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.
- A parents/guardian or authorised nominee must acknowledge the details contained in the record and 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.

CONTACTING EMERGENCY SERVICES



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As outlined in this policy, the service may occasionally need to call an ambulance to transport a child to hospital for emergency medical care. We acknowledge that, due to our remote location, an ambulance may not always be immediately available. In such cases, the responsible person will determine the most appropriate course of action, which may include arranging for a staff member to transport the child to hospital or contacting the police for assistance with transportation.

INCIDENT

DEFINITION OF A SERIOUS INCIDENT

In the case of a serious incident occurring, the Regulatory Authority must be notified within 24 hours via the [NQA-ITS](#).

A serious incident is defined as any of the following:

- The death of a child:
 - While being educated and cared for by an Education and Care Service
 - Following an incident while being educated and cared for by an Education and Care Service
- 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:
 - A reasonable person would consider required urgent medical attention from a registered medical practitioner
 - For which the child attended, or ought reasonably to have attended, a hospital
- 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.
- Any circumstance where a child being educated and cared for by an Education and Care Service:
 - Appears to be missing or cannot be accounted for
 - Appears to have been taken or removed from the Education and Care Service premises in a manner that contravenes these regulations
 - Is mistakenly locked in or locked out of the Education and Care Service premises or any part of the premises

The Nominated Supervisor must document a serious incident on an Incident, Injury, Trauma and Illness Record as soon as possible and on the same day of it occurring, with any evidence attached.

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/guardian or 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:

- 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, staff 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 Responsible Person will notify a parent/guardian or authorised nominee.
- Continue to search for the missing child until emergency services arrive whilst providing supervision for other children in care.
- Provide all relevant information to Police.



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(If a child is missing during or following transportation the Missing Child During Transportation Procedure is to be followed.)

INJURY

ACCIDENT WITHIN THE SERVICE

- In the event of any child, staff member, volunteer or contractor having an accident at the service that results in an injury, a First Aid trained staff member will attend to them immediately and ensure the First Aid Policy is adhered to.
- The Nominated Supervisor will investigate any accidents that occur to determine if changes need to be made to ensure the safety and wellbeing of those who use the service.

HEAD INJURIES

It is common for children to bump their heads during everyday play, however it is difficult to determine whether the injury is serious or not. In the event of a head injury at the service, the Administration of First Aid Policy will be adhered to and the Responsible Person will be notified and they will determine if the child is required to be collected from the service.

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

- Has sustained a head injury involving high speeds or fallen from a height
- 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, neglect, abuse, threats of violence, domestic violence and war. Parental or cultural trauma can also have a traumatising effect on children. Trauma can disrupt the relationships a child has with others and can affect their language skills, physical and social development and 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 and having 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 experienced trauma may include:

- New or increased clingy behaviour such as constantly following a parent or educator around.
- Anxiety when separated from parent/guardian.
- 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/guardians and educators 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



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how to respond to a child's needs and new behaviours before parents/guardians and educators 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 quiet/relaxation space with familiar and comforting resources which 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, for example; drawing, playing with play dough and physical games.
- Helping children understand their feelings by using reflecting statements, for example; 'You look sad/angry right now, I wonder if you need some help?'.

There are a number of ways for parents/guardians and educators 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 in coping 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 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.
- Using supports available to you within your relationships. For example; family, friends and colleagues.
- Identifying a supportive person to talk to. For example; a doctor or other health professional.
- Accessing support resources, for example; [Be You](#) or [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 their Nominated Supervisor when required.

ILLNESS

PREVENTING THE SPREAD OF ILLNESS

To reduce the transmission of infectious illness, our service implements effective hygiene and infection control measures as per the Staying healthy: Preventing infectious diseases in early childhood education and care services (sixth edition) guidelines. If a child is unwell or displaying symptoms of a cold or flu virus, parents are required to keep the child away from the service. Infectious illnesses can be spread quickly from one person to another usually through respiratory droplets or from a child or person touching their own mouth or nose and then touching an object or surface. For more information see, Infectious Diseases Policy.

CHILDREN ARRIVING AT THE SERVICE WHO ARE UNWELL

Our service will not accept a child into care if they:

- Have a contagious illness or infectious disease.
- Are unwell and unable to participate in normal activities.
- Have been vomiting or have had diarrhoea in the last 24 hours.
- Have started a course of antibiotics in the last 24 hours.
- Have a temperature reading 38C or higher or has been given medication for a temperature prior to arriving at the service.

IDENTIFYING SIGNS AND SYMPTOMS OF ILLNESS

Early childhood staff 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. Children who appear unwell at the service will be closely monitored and if any symptoms described below are noticed, a parent/guardian or an emergency contact will be contacted to collect the child as soon as possible. A child who is displaying symptoms of a



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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, including not participating in normal activities.
- 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.

HIGH TEMPERATURES OR FEVERS

Children get fevers or temperatures for all kinds of reasons. Most fevers and the illnesses that cause them last a few days. However sometimes a fever that lasts longer might be the sign of an underlying chronic or long-term illness or disease.

If a child develops a high temperature or fever at the service:

- A parent/guardian or authorised nominee will be notified when a child registers a temperature of 38°C or higher and informed that their child will need to be collected from the service as soon as possible.
- If requested by a parent/guardian or authorised nominee, staff may administer paracetamol (as long as written permission to administer paracetamol for a high temperature is recorded in the child's enrolment record), in an attempt to bring the temperature down, however the child must still be collected from the service (see Administration of Medication Policy).
- For infants under 3 months old, a parent/guardian or authorised nominee will be notified immediately for a temperature of 38°C or higher and they will be advised to seek urgent medical assistance. If they are uncontactable, the service will contact emergency services (see Administration of First Aid Policy).
- In an attempt to bring the child's temperature down, they will be encouraged to drink plenty of water (small sips) and educators will remove excessive clothing, whilst also being mindful of cultural beliefs.
- An Incident, Injury, Trauma and Illness Record will be completed and where applicable, The Administration of Medication policy will be adhered to.

COLD AND FLU LIKE SYMPTOMS

Colds are the most common cause of illness in children and adults and children in education and care services may have as many as 8–12 colds a year. Symptoms can include a runny or blocked nose, sneezing and coughing, watery eyes, headache, a mild sore throat, and possibly a slight fever. Children can become distressed and lethargic when unwell. Discharge coming from a child's nose and coughing can lead to germs spreading to other children, educators, toys, and equipment. If a child develops cold or flu like symptoms while at the service, our service has the right to send the child home and request that they do not return to the service until their symptoms have cleared or clearance from a doctor has been provided to state that the child is no longer contagious and can return to the service.

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.



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If a child develops diarrhoea and/or vomiting while at the service:

- A parent/guardian or authorised nominee will be notified and informed that their child will need to be collected from the service as soon as possible.
- The child will be moved away from the rest of the group and supervised until he/she is collected.
- Educators will wear PPE if required and will follow procedures listed in Nappy Change, Toileting and Bathing Policy.
- The child will be encouraged to drink small sips of water.
- The child will be required to stay away from the service for 24 hours after symptoms have ceased to reduce infection transmission.
- In the event of an outbreak of viral gastroenteritis (two or more children/staff have a sudden onset of diarrhoea or vomiting in a 2-day period), the service will contact the local Public Health Unit (see Infectious Diseases Policy).
- An Incident, Injury, Trauma and Illness Record will be completed.

USEFUL RESOURCES

[Emerging Minds - Community Trauma Toolkit](#)
[NHMRC \(6th Edition\) - Common Cold Fact Sheet](#)
[NHMRC \(6th Edition\) - Exclusion for Common or Concerning Conditions](#)
[NHMRC \(6th Edition\) - Fact Sheets](#)
[NHMRC \(6th Edition\) - RSV Fact Sheet](#)
[NSW Health - Stopping the Spread of Childhood Infections Factsheet](#)
[The Sydney Children's Hospitals Network - Fever](#)
[The Sydney Children's Hospital Network - Concussion and Mild Head Injury](#)

ROLES AND RESPONSIBILITIES

THE APPROVED PROVIDER/NOMINATED SUPERVISORS WILL:

- Ensure there are policies and procedures in place for incident, injury, trauma and illness and take reasonable steps to ensure those policies and procedures are followed.
- Ensure that obligations under the Education and Care Services National Law and National Regulations are met.
- Ensure all staff (including casual staff) receive information and induction training to fulfil their roles effectively, including being made aware of the Incident, Injury, Trauma and Illness Policy, their responsibilities in implementing it, and any changes that are made over time.
- Ensure students, visitors and volunteers have knowledge of and adhere to this policy.
- Ensure each child's enrolment records include authorisations by a parent or person named in the record, for the service to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and if required, transportation by an ambulance service.
- Ensure an accurate Incident, Injury, Trauma, and Illness Record is completed promptly on the same day, and notify parents/guardians as soon as practicable on the same day.
- Ensure adults or children who are ill are excluded for the appropriate period and that information regarding exclusion periods are provided to parent/guardians.
- Ensure first aid kits are suitably equipped, easily accessible and checked on a regular basis.
- Ensure that at least one staff member with the below ACECQA approved qualifications will always be on site and available in the event of an emergency:
 - Holds a current approved first aid qualification
 - Has undertaken current approved anaphylaxis management training
 - Has undertaken current approved emergency asthma management training
- Ensure that if an 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 as soon as is practicable but not later than 24 hours after the serious incident via the [NQA-ITS](#), and a serious incident must be documented on an Incident, Injury, Trauma and Illness form.
- Notify parents as soon as possible, of any outbreak of an infectious illness within the service.
- Ensure staff and children always practice appropriate hand hygiene and cough and sneezing etiquette.
- Ensure that the premises are kept clean and in good repair and that appropriate cleaning practices are followed.
- Ensure additional cleaning will be implemented during any outbreak of an infectious illness or virus.



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- Ensure that Incident, Injury, Trauma and Illness Records are kept and stored securely until the child is 25 years old
- Ensure 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 NSW legislation.
- Review the cause of any incident, injury or illness and taking appropriate action to remove the cause if required.
- Ensure to contact the local Public Health Unit for any required outbreaks (see Infectious Diseases policy).
- Ensure staff are aware of the required procedure of informing management when they are sick and unable to attend the workplace.

EDUCATORS WILL:

- Maintain a clean and hygienic environment.
- Contact parents if their child seems unwell to organise collection.
- Understand when they reserve the right to refuse a child into care.
- Record details of any incident, injury or illness on the Incident, Injury, Trauma and Illness Record as soon as possible and on the same day as the occurrence.
- Be aware of individual children's allergies and immunisation status and use this knowledge when attending/responding to any incident, injury or illness.
- Follow procedures outlined above if a child; develops a high temperature or fever at the service, shows signs of gastroenteritis, has a head injury or any other kind of accident.
- Accompany any child in an ambulance and remain with the child if an ambulance is required and a parent unavailable.
- Complete a Staff Incident Form for themselves, should they require this during their time at work and notify the Responsible Person immediately.
- Implement prevention strategies to stop the spread of illnesses.
- Ensure that at all times, reasonable precautions and adequate supervision is provided to ensure children are protected from harm or hazards.
- Regularly check equipment in both indoor and outdoor areas for hazards and take the appropriate action to ensure the safety of the children when a hazard is identified.
- Ensure the attendance record is regularly cross-checked to ensure all children signed in are accounted for.
- Ensure visitors to the service are not left alone with children at any time.
- Understand and implement the correct procedure in the event of a missing child.
- Recognise what behavioural responses to trauma could look like, understand how to assist children dealing with trauma and strategies that can be used to cope with children's stress or trauma.
- Monitor their own health and not attend the workplace if they are unwell or display symptoms of an infectious illness, ensuring that they have notified their manager as soon as possible.
- Adhere to exclusion periods if they have any infectious disease.

FAMILIES WILL:

- Provide authorisation in their child's enrolment record for the service 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.
- Provide the service with all relevant medical information, including child's Medicare number and any other health information.
- Provide a copy of their child's Medical Management Plans and update annually or whenever medication/medical needs change (if applicable).
- Keep their child home from the service if they seem unwell and adhere to recommended periods of exclusion if their child has a virus or infectious illness (discuss with service if unsure of exclusion period).
- Collect their child as soon as possible, if requested to do so by the service or arrange for someone else to collect their child (if not an emergency contact, see Acceptance and Refusal of Authorisations Policy).
- Complete documentation as requested including - Incident, Injury, Trauma and Illness record and acknowledge that they were made aware of the incident, injury, trauma or illness by signing and dating the form.
- Inform the service if their child has an infectious disease or illness.



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- Provide evidence as required from doctors or specialists that the child is fit to return to care (if required).
- Provide written consent for the service 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).
- Be informed of policies and procedures upon enrolment with regards to first aid, illness whilst at the service, and exclusion practices, including immunisation status.
- Inform the service of their child's particular requirements, and provide any relevant paperwork to the service, such as immunisation status, letters from a medical professional etc.
- Be notified of any incident, injury, trauma, or illness as soon as is practicable, and on the day of the noted incident, and will be provided with a copy of the report.
- Provide a copy of their child's medical management plans and update these annually or whenever medication/medical needs change.

CONTINUOUS IMPROVEMENT/REFLECTION

Our Incident, Injury, Trauma and Illness Policy will be reviewed annually, or earlier if there are changes to legislation, ACECQA guidance, or any incidents related to the policy. This review will be conducted in consultation with children, families, and staff.

CHILD SAFE STANDARDS

Standard 1	Child safety is embedded in organisational leadership, governance, and culture
Standard 2	Children participate in decisions affecting them and are taken seriously
Standard 3	Families and communities are informed and involved
Standard 4	Equity is upheld and diverse needs are taken into account
Standard 5	People working with children are suitable and supported
Standard 7	Staff are equipped with the knowledge, skills, and awareness to keep children safe through continual education and training
Standard 10	Policies and procedures document how the organisation is child safe

NATIONAL QUALITY STANDARD (NQS)

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2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
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	Management, educators, and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS AND NATIONAL LAW

Sec. 165	Offence to inadequately supervise children
Sec. 174	Offence to fail to notify the Regulatory Authority
12	Meaning of serious incident
77	Health, hygiene and safe food practices
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incidents, injury, trauma, and illness
87	Incident, injury, trauma, and illness record
88	Infectious diseases
89	First aid kits
90	Medical conditions policy



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92	Medication record
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 services must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
175(2)(c)	Prescribed information to be notified to Regulatory Authority- Any circumstance arising at the service that poses a risk to the health, safety or wellbeing of a child or children attending the service
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

STATUTORY LEGISLATION & CONSIDERATIONS

[Children's Services Award 2010](#)
[Education and Care Services National Law Act 2010 \(Amended 2023\)](#)
[Education and Care Services National Regulations \(Amended 2023\)](#)
[Fair Work Act 2009](#)
[Privacy Act 1988](#)
[Work Health and Safety Act 2011](#)
[Work Health and Safety Regulation 2017](#)

SOURCES

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RELATED POLICIES



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- Administration of Medication Policy
- Arrival and Departure Policy
- Code of Conduct Policy
- Enrolment and Orientation Policy
- Family Participation and Communication Policy
- First Aid Policy
- Infectious Disease Policy
- Medical Conditions Policy
- Privacy and Confidentiality Policy
- Record Keeping and Retention Policy
- Providing a Child Safe Environment Policy
- Safe Transportation Policy

RELATED DOCUMENTS

- Administration of Medication Record
- Incident, Injury, Trauma and Illness Record
- Staff Incident Form

POLICY REVIEWED	NEXT REVIEW DATE	POLICY REVIEWED BY
OCTOBER 2025	OCTOBER 2026	Charlotte Parnaby
MODIFICATIONS	<ul style="list-style-type: none"> • Contacting Emergency Services section added • Annual policy maintenance • Updated legislation and other links where necessary 	
POLICY REVIEWED	PREVIOUS MODIFICATIONS	POLICY REVIEWED BY
AUGUST 2024	<ul style="list-style-type: none"> • New policy format • Child Safe Standards added • Regulation amendments incorporated • Extra information added including: • Separate detailed sections for Incident, Injury, Trauma and Illness 	Prue Ritchie
JANUARY 2021		Prue Ritchie