

Incident, Injury, Illness, and Trauma Policy



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Warning - Ensure you are using the latest version of this policy.			
DCC Network/All Organisation Information/DCC Policies/Quality Area 2 – Childrens Health & Safety			

1. Policy Statement

The service and all educators will effectively respond to and manage accidents, illness and emergencies which occur at the service to ensure the safety and wellbeing of children, educators and visitors.

2. Rationale

The health and safety of children enrolled at River Region Early Education is the responsibility of all approved providers and educators. Policies and procedures (including documented records) must be in place to effectively manage the event of any incident, injury, trauma and illness that occurs in the program by law.

3. Responsibilities

It is the responsibility of the Approved Provider or Responsible Person to ensure that:

- A parent of a child is notified as soon as possible, preferably on the same day, and no later than 24 hours of the injury, illness, trauma or incident.
- An Incident, Injury, Trauma and Illness Record is completed without delay (before end of shift and before the child has been collected so that the caregiver can authorise).
- The regulatory authority (and for the Mobile service the CCCF restricted funding DESE) is notified within 24 hours of any serious incident or complaint.
- The regulatory authority (and for the Mobile service the CCCF restricted funding DESE) is notified within 7 days of circumstances that pose a risk to the health, safety and wellbeing of a child.
- At least one first aid qualified educator (with asthma and anaphylaxis training) is present at all times at the service. It is important to note that River Region Early Education pays for all permanent educators including trainees to complete their first aid training.
- First aid qualifications (including anaphylaxis and asthma management training) are current and updated at least every 3 years, whilst the refresher training is completed every 12 months.
- First aid qualified educators never exceed their qualifications and competence when administering first aid.
- A quarterly Incident, Injury, Trauma and Illness record is completed at the discretion of the service for both children (NQS 2.11 A3) and adults/ educators (NQS 2.11 A8).
- The contents of first aid kits and their location are audited quarterly. Audits will ensure each kit has the required quantities, items are within their expiry dates and sterile products are sealed. Consideration will also be given to whether the contents suit the injuries that

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have occurred, based on our incident, injury, trauma and illness records and action taken to obtain additional resources if required.

- The following matters are reviewed in consultation with employees (e.g., at team meetings) where appropriate, at least annually or when there are staff changes:
 - the location of our first aid kit(s).
 - the nature of incidents occurring at the service (e.g. Children medical management plans).
- Relevant and medical information is extracted from the enrolment forms and the Management of a Medical Condition form and used to develop a Medical Management Plan. Refer to NQS 2.12 Medical Conditions Policy. These will be kept up to date and accessible to educators in the Buddy Bags, in the child's file and Child Health and Safety folder in each room.
- That all staff and educators have access to the National Health & Medical Research Council Recommended minimum exclusion periods for information on when Public Health Unit should be notified. (QA2 Attachments)
- The Albury Public Health Unit (02) 6053 4800 will be contacted as soon as the Service is aware that a child or educator has contracted a vaccine-preventable disease and any directions will be followed accordingly. These include: Diphtheria, Mumps, Poliomyelitis, Haemophilus influenzae Type b (Hib), Meningococcal disease, Rubella ("German measles"), Measles, Pertussis ("whooping cough"), Tetanus.
- The Albury Public Health Unit (02) 6053 4800 will be contacted as soon as a gastro outbreak occurs when 2 or more children or staff have sudden onset of vomiting or diarrhoea in a 2-day period.
- Appropriate first aid signage (eg CPR posters) is displayed in prominent locations. These locations include: one outdoors, one in each room and one in the sleep room.
- All records are kept until the child is 25 years of age.

4. Definitions

Nil

5. Guidelines

This policy and related policies and procedures at the service will be followed by nominated supervisors and educators of, and volunteers at, the service in the event that a child, educator or volunteer:

- is injured;
- becomes ill;
- suffers a trauma;
- is involved in an incident at the service.

River Region Early Education will:

- Develop educational goals that promote the wellbeing of each child.
- Establish procedures and practice that minimise the risk of harm to children.
- Maintain communication with families ensuring that they are informed of any incidents, injury, trauma and illness to their child/ren as required.

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- Ensure that records of any incident, injury, trauma and illness are documented, transmitted to the Department of Education and Communities as required and kept in storage according to regulatory requirements.
- Ensure that this policy is implemented in conjunction with our emergencies and evacuation policy.

The Approved Provider, Educational Leader, Nominated Supervisor and Educators will consider the development of children's wellbeing as paramount to the educational philosophy of the service. All educators will be aware of the development of wellbeing, and children's emerging capabilities, and plan the program accordingly.

a) Induction Process

During our Induction Process we will

- Advise which (other) educators and staff have first aid qualifications,
- Show the location of the first aid kit(s),
- Obtain information about any medical needs the new employee may have that could require specialist first aid during an incident or medical emergency. This information will only be shared with the employee's consent or in order to meet our duty of care to the employee,
- Make certain that all staff and educators have access to the NSW Education and Care Services National Regulations (2011 SI 653) and are aware of their responsibilities under these ensuring that this occurs as part of staff induction or orientation to the service and that position descriptions reflect this responsibility.

b) First Aid Kit Guidelines:

First aid kits will be easily recognised and readily available where children are present at the service and during excursions. They will be suitably equipped having regard to the hazards at the service, past and potential injuries and size and location of the service.

All first aid kits have a list of contents, which are checked quarterly, at the point of emergency evacuation drills. All first aid kit contents are kept in the service WHS folder.

Any First Aid kit at the service must:

- Not be locked,
- Not contain paracetamol (Panadol),
- Have sufficient first aid resources for the number of employees and children,
- Have appropriate first aid resources for the immediate treatment of injuries at the service (including asthma and anaphylaxis),
- Be accessible within two minutes of an incident (includes time required to access secure areas) and located where there is a risk of injury occurring if relevant,
- Be provided on each floor of a multi-level workplace,
- Be provided in each work vehicle (if applicable),
- Be constructed of resistant material, dustproof (can be sealed) and large enough to adequately store the required contents,
- Preferably be fitted with a carrying handle as well as internal compartments,
- Have a white cross on a green background with the words 'First Aid' prominently displayed on the outside for the large first aid kit. The small kits may be different with a red bag, white cross,

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- Contain a list of contents,
- Be maintained in proper condition and the contents replenished as necessary.

Location of first aid kits

Each service will have a first aid kit:

- Emergency first aid medication in the buddy bags,
- Excursion / emergency evacuation bag
- At least one in a prominent area within the room/ service.

We will display a well recognised first aid sign to assist in easily locating first aid kits.

6. Procedure

a) Administration of First Aid

If there is an accident, illness or injury requiring first aid an educator with a current first aid qualification will:

- Assess any further danger to the child, other children and any adults present and take steps to remove or mitigate the danger.
- Respond to children in a timely manner. Provide reassurance and ensure children's emotional and physical wellbeing is paramount at all times.
- Respond to the injury, illness or trauma needs of the child or adult in accordance with their current first aid, asthma and anaphylaxis training, and in accordance with the child's medical management plan and risk minimisation plan if relevant.
- Call an ambulance (or ask another staff member to call and co-ordinate the ambulance if required)
- The Lead educator, in collaboration with the Responsible Person will notify a parent or authorised nominee that the child requires medical attention from a medical practitioner if required (or ask another staff member to call)
- Contact a parent or authorised nominee to collect the child from the service within 60 minutes if required
- Notify the Nominated Supervisor and parents of the incident, illness or injury as soon as possible (on the same day that it occurs).
- If a child hurts another child (e.g., bite) the parents will be contacted (at the discretion of educators) and there will be a NQS 2.11 A1 Incident, Injury, Trauma and Illness Record completed without delay. Continuous behaviour / biting may trigger an Individual Learning Plan be developed (see NQS 5.38 Inclusion Policy).
- Complete the NQS 2.11 A1 Incident, Injury, Trauma and Illness Record without delay (before end of shift and before the child has been collected so that the caregiver can authorise).
- Complete a NQS2.19 A2 Risk Identification Form or NQS2.19 A1 Maintenance Form where required.

b) Treatment of illness

Children might be brought to care with symptoms or signs of illness or while in care suddenly develop an illness that has not been diagnosed by a doctor, and that might be potentially infectious or potentially life-threatening for the child. Many illnesses, while not fitting exclusion criteria, can transmit disease to other children in care, and can make a child too ill to participate in normal activities. All children who are unwell should not attend the service and educators will ask

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parents of children who are unwell to collect the child from the residence/venue within one hour or to make alternative arrangements for their child's care.

Some behaviours which indicate that the child is unwell include:

- Irritable, agitated, fretful, crying, behaving abnormally,
- Lethargy, quiet, decreased activity,
- Noticeable reduction in appetite or fluid intake,
- An unusual colour, smell or consistency of urine or faeces,
- Rash,
- Breathing difficulty- including coughing,
- Poor colour- pale,
- Pain,
- Sensitivity to light.

If a child becomes ill while at the service, we will respond to any symptoms in the following manner:

- Isolate the child from other children.
- Ensure the child is comfortable and appropriately supervised by educators.
- Contact the child's parents or nominated emergency contact. We will inform the contact of the child's condition and ask for a parent or other authorised person to pick the child up as quickly as possible (within 60 minutes).
- Ensure an NQS2.11 A1 Incident, Injury, Trauma and Illness Record is completed by the appropriate educator.
- All bedding and towels which has been used by the child be washed separately and if possible air dried in the sun.
- Ensure all toys and resources used by the child are thoroughly cleaned.
- Inform families and educators of the presence of an infectious disease by displaying the infectious disease notification form (attached) which must be displayed for parents to view. Copies of the factsheets provided by Staying Healthy in Child Care – Preventing Infectious Diseases in Early Childhood Education and Child Services are to be made available.
- Ensure confidentiality of any personal health related information obtained by the service and educators in relation to any child or their family.
- Ensure correct hygiene and cleaning procedures are occurring as per NQS 2.10 Hygiene and Infection Control Policy

Families are asked to keep their children at home if they are unwell or have an excludable infectious disease. This includes:

- If the child has an elevated temperature, 38° or greater,
- Vomited and or Diarrhoea within 48 hours from last stool or vomit,
- Ear, eye or discoloured nasal discharge,
- A severe cough, runny nose and/or congestion,
- Any communicable disease- see the Exclusion guidelines (QA2.11 A7 NHMRC exclusion periods Attachments),
- If the child has required pain relief medication within 6 hours of arrival time.

Children must be symptom-free for:

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- 24 hours before returning to the service for the majority of illness's and
- 48 hours for gastroenteritis like symptoms (Refer to NQS 2.7 *Disease Prevention and Immunisation policy*).

Symptoms may not clearly fit those listed in exclusion diseases making it difficult for educators to decide whether to accept or exclude the child. If educators suspect a child may have an infectious disease, they will exclude the child until they receive a medical certificate and or pharmacist clearance.

This will be assessed at a service level on a case-by-case basis.

Families must advise educators if the child requires medication. Medication must be prescribed by a doctor and authorised in writing by a parent or another authorised person. Our service does not administer over the counter medication unless it has been prescribed by a medical practitioner. It is likely that a Medical Management Plan is required for children where ongoing medication is required. Refer to NQS 2.3 Administration of Medication Policy and NQS 2.12 Medical Conditions Policy.

c) Notification of serious incidents

The Approved Provider will notify the regulatory authority (and for Mobile service the CCCF restricted funding DESE) within 24 hours of any serious incident at our service using the online NQA ITS and or email DESE (NSW Education and Care Services National Regulations (2011 SI 653)Section 174 (2) (a) and Regulation 176 (2) (a)) This includes any serious injury or trauma to, or illness of a child which a reasonable person would consider required urgent medical attention from a medical practitioner or for which the child attended, or ought reasonably to have attended, a hospital.

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

- The death of a child while being educated and cared for by the service or following an incident while being educated and cared for by the service.
- Any incident involving a serious injury or trauma to a child while that child is being educated and cared for, which:
 - A reasonable person would consider required urgent medical attention from a registered medical practitioner; or
 - The child attended or ought reasonably to have attended a hospital e.g. broken limb
- Any incident involving serious illness of a child while that child is being educated and cared for by a service for which the child attended, or ought reasonably to have attended, a hospital e.g. severe asthma attack, seizure or anaphylaxis.
- Any emergency for which emergency services attended.
 - NOTE: This means an incident, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of a person at an education and care service. It does not mean an incident where emergency services attended as a precaution.
- A child appears to be missing or cannot be accounted for at the service.
- A child appears to have been taken or removed from the service in a manner that contravenes the National Regulations.
- A child is mistakenly locked in or locked out of the service premises or any part of the premises.

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If our service only becomes aware that the incident was serious afterwards, we will notify the regulatory authority within 24 hours of becoming aware that the incident was serious.

Nominated Supervisors will notify the regulator using *form S101 Notification of Serious Incident*.

- For all serious incidents, the 'DCC Generic incident report form must be completed by all educators within 24 hours and provided to the General Manager.
- Copies of the Incident, injury, trauma and illness record and the receipt of notification of serious incident form (for services using NQA ITS) or the S101 form (for services using Supplementary Regulations) will be scanned and saved into the Service Serious incident folder on the DCC network.
- The family of child who has been involved in the serious incident will be provided with a copy of all incident forms, and will be notified that a serious incident has been lodged with NQA ITS or DESE.
- Original copies will be filed in the WHS file. A copy of the incident form is kept in the child's enrolled file.
- The General Manager or delegate will be notified by the Nominated Supervisor as soon as possible.
- They will notify the Approved Provider, via email within 24 hours and in the Board papers.

7. Resources and references

- Education and Care Services National Regulations
- National Quality Standard
- Gastroenteritis- controlling viral outbreaks in childcare centres and schools
- Work Health and Safety Act 2011
- Work Health & Safety Regulation 2011
- Safe Work Australia Legislative Fact Sheets First Aiders
- Safe Work Australia First Aid in the Workplace Code of Practice
- Centre Support Incident, Injury, Trauma & Illness Policy
- Community Childcare Cooperative Incident, Injury, Trauma & Illness Policy
- Department of Health Disease Notification, 2016
- 2016 Safe Work Australia First Aid in the Workplace Code of Practice

8. Relevant Legislation, Regulations and Standards

Legislation	
174	Offence to fail to notify certain information to Regulatory Authority
Education and Care Services National Regulation	
12	Meaning of serious incident
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
88	Infectious diseases
89	First aid kits

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97	Emergency and evacuation procedures
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
175	Prescribed information to be notified to Regulatory Authority
176	Time to notify certain information to Regulatory Authority
National Quality Standards	
2.1.2	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2.2	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
Child Safe Standards	
Early Years Learning Framework Learning Outcomes	
Early Years Learning Framework Principles	
Early Years Learning Framework Practices	

9. Related Documents

Doc #	Attachments
NQS2.11 A1	Incident Injury Trauma and Illness Record ACECQA
NQS2.11 A3	Quarterly Incident, Injury, Illness and Trauma Log CHILDREN
NQS2.11 A4	Adult or Visitor Incident Injury Illness and Trauma Form
NQS2.11 A5	Procedure for Notification of a Serious Incident
NQS2.11 A6	DCC Generic Incident Report Form
NQS2.11 A7	NHMRC Exclusion Periods Poster (also attached to NQS2.7)
NQS2.11 A8	Quarterly Incident, Injury, Illness and Trauma Log STAFF
NQS2.11 A8a-f	First Aid Kit Checklists

Doc #	Intersections with other key documents
NQS2.8	Emergency Management and Evacuation Policy
NQS6.4	Enrolment and Orientation Policy

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NQS2.14	Nutrition Policy
NQS2.10	Hygiene and Infection Control Policy
NQS2.3	Administration of Medication Policy
NQS2.7	Disease Prevention and Immunisation Policy
NQS2.12	Medical Conditions Policy
NQS2.19 A1	WHS Maintenance Identification Form
NQS2.19 A2	WHS Risk Identification Form
NQS 5.38	Inclusion Policy
NQS2.7 A2	Infectious Disease Notification
NQS2.8 A1	Emergency Evacuation Procedure Evaluation Record (First Aid Kit audit)
NQS2.7 A4	NHMRC Recommended Minimum Exclusion Periods
NQS2.12 A7	Medical Management Plan
NQS2.12 A8	Management of a Medical Condition Form

10. Document Control

Doc #	Doc Title	Version	Approved	Next Review
NQS2.11	Incident, Injury, Illness, and Trauma Policy	1	May 2017	May 2019
NQS2.11	Incident, Injury, Illness, and Trauma Policy	2	November 2019	November 2021
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