

# INCIDENT, INJURY, TRAUMA, AND ILLNESS POLICY

REED will have policies and procedures per the Education and Care Services National Regulations to manage child injury, illness, or incidents. REED Services prioritise the health and safety of staff, children, families, and visitors by minimising risks, maintaining hygiene, and ensuring staff receive ongoing training for prompt, effective responses to any incident or accident.

## PURPOSE

This policy has been developed to ensure clear lines of action are identified to effectively manage an event involving a child becoming injured, becomes ill, or an incident occurs while attending a service.

## SCOPE

This policy applies to The Approved Provider, Nominated Supervisors, Educators, Staff, Volunteers, Visitors and Families.

## EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS (WA)

<b>S165</b>	Offence to inadequately supervise children	<b>R97</b>	Emergency and evacuation procedures
<b>S174</b>	Offence to notify certain information to regulatory authority	<b>R103</b>	Premises, furniture, and equipment to be safe, clean and in good repair
<b>S167</b>	Offence relating to protection of children from harm or hazards	<b>R104</b>	Fencing
<b>R12</b>	Meaning of serious incident	<b>R161</b>	Authorisations to be kept in enrolment record
<b>R77</b>	Health, hygiene and safe food practices	<b>R162</b>	Health information to be kept in enrolment record
<b>R85</b>	Incident, injury, trauma and illness policies and procedures	<b>R168</b>	Education and care service must have policies and procedures
<b>R86</b>	Notification to parents of incident, injury, trauma, and illness	<b>R170</b>	Policies and procedures to be followed
<b>R87</b>	Incident, injury, trauma and illness record	<b>R171</b>	Policies and procedures to be kept available
<b>R88</b>	Infectious diseases	<b>R172</b>	Notification of change to policies and procedures
<b>R89</b>	First aid kits	<b>R175</b>	Prescribed information to be notified to regulatory authority
<b>R90</b>	Medical conditions policy	<b>R176</b>	Time to notify certain circumstances to regulatory authority
<b>R93</b>	Administration of medication	<b>R177</b>	Prescribed enrolment and other documents to be kept by approved provider
<b>R95</b>	Procedure for administration of medication	<b>R183</b>	Storage of records and other documents

## INJURY, INCIDENT OR TRAUMA

In the event of an accident involving a child, employee, volunteer, or visitor, a First Aid-trained educator will respond immediately. Children will continue to be adequately supervised. All incidents, injuries, or trauma will be investigated and documented in line with WHS requirements. All employees will follow the First Aid Policy and Procedure.

## DEFINITION OF A SERIOUS INCIDENT

A serious incident, as defined under Regulation 12, must be reported to the regulatory authority via the NQA IT System within 24 hours by the approved provider or nominated supervisor. Serious incidents include a child's death in care, serious injury or illness requiring urgent medical attention or hospitalisation, emergency service attendance, or situations where a child is missing, unlawfully

taken, or mistakenly locked in or out of the premises. All such incidents must be documented in the Incident, Injury, Trauma, and Illness Record within 24 hours, including supporting evidence.

### INCIDENT, INJURY, TRAUMA AND ILLNESS RECORD

An Incident, Injury, Trauma, and Illness Record must be completed for any child-related incident in care, detailing the child's name and age, incident circumstances, date and time, symptoms, actions taken, witness information, notifications, and the educator's signature with time. Incidents like biting or scratching must be documented, with only the injured child's name recorded per form to maintain privacy. Parents or authorised nominees must sign the record at collection. Records are kept until the child turns 25, as per the Record Keeping Policy.

### MISSING OR UNACCOUNTED FOR CHILD

Children will be supervised at all times with precautions to prevent harm. If a child is missing, unaccounted for, unlawfully removed, or mistakenly locked in or out, it is a serious incident to be reported within 24 hours. Children may only leave with a parent, authorised nominee, or in emergencies. Educators must regularly check attendance, supervise all children, and never leave visitors alone with them. If a child goes missing, a search and attendance check occur; if not found within 10 minutes, emergency services and families are notified, a report is made, and supervision continues.

### HEAD INJURIES

Head bumps are common during play, but all head injuries are treated seriously and it is recommended that they be assessed by a doctor. The First Aid officer will assess the child, provide care, and notify the family. Even mild injuries may lead to concussion. Families will be advised to seek medical advice if new symptoms arise. Emergency services will be called if the child loses consciousness, has a seizure, vomits repeatedly, appears unwell, complains of a severe or worsening headache, or if the injury involves high impact or a fall from over one metre.

### TRAUMA

Trauma occurs when events like accidents, illness, violence, abuse, or natural disasters overwhelm a child's ability to cope. It can also result from cultural or parental trauma, impacting their development, sense of safety, relationships, behaviour, emotional regulation, and overall wellbeing.

### ILLNESS MANAGEMENT

Our Service follows hygiene and infection control guidelines from *Staying Healthy* (6th Ed.) to prevent illness spread. Key practices include immunization, respiratory hygiene, strict handwashing, and use of PPE when needed. Surfaces and bedding are cleaned after exposure to body fluids, and infection control is maintained during nappy changing and toileting. Anyone showing infectious symptoms is excluded to protect health.

### IDENTIFYING SIGNS AND SYMPTOMS OF ILLNESS

Educators and management cannot diagnose illnesses but observe children closely for signs of sickness. If a child becomes ill, they provide comfort and monitor symptoms. Serious signs like breathing difficulties or unresponsiveness prompt an immediate ambulance call. For symptoms like lethargy, fever, or rash, parents are contacted to decide on medical care. Children unable to participate are cared for separately where possible until collected. All serious medical incidents are reported to the regulatory authority as required.

### HIGH TEMPERATURES OR FEVERS

Children can develop fevers for many reasons, and most fevers, along with the illnesses causing them, typically last only a few days. Experts generally agree that a normal temperature for a child ranges

between 36.5°C and 38.0°C.

### RESPIRATORY SYMPTOMS

Respiratory symptoms like cough, sneezing, runny nose, and sore throat are common in children, who may have 5–12 colds yearly, especially in care settings. Causes include infectious illnesses (colds, flu, COVID) or allergies. Our Service assesses exclusion based on symptom severity and behaviour, sending children home if unwell. Children are excluded if symptoms are severe, worsen, or are accompanied by fever, fatigue, pain, or poor feeding.

### DIARRHOEA AND VOMITING

If a child has diarrhoea or vomiting and are visibly unwell at the Service, families are notified for immediate collection. Children and staff must stay home until symptoms stop for 24 hours, or 48 hours if a confirmed infectious disease. Food handlers are excluded for 48 hours after symptoms end. Records and serious illness notifications are completed and reported as required.

### NOTIFYING FAMILIES AND EMERGENCY CONTACT- SICKNESS OR INFECTIOUS ILLNESS

Emergency contacts must be able to collect an ill child as soon practicable. If collection is unreasonably delayed or refused, a warning letter may be issued, with possible enrolment termination for repeated breaches. Families are notified within 24 hours of any illness, accident, or trauma. The Service follows Public Health Unit guidelines and Staying Healthy in Child Care for exclusion periods, detailed in the Infectious Disease Policy. Families also receive clear fact sheets for guidance.

### THE APPROVED PROVIDER WILL ENSURE:

The Approved Provider ensures full compliance with the Education and Care Services National Law and Regulations, maintaining accurate enrolment and incident records and securely storing them until the child turns 25. They oversee timely recording and notification of incidents, injuries, traumas, and illnesses—ensuring parents/guardians are informed within 24 hours and regulatory authorities notified of serious incidents via the NQA ITS system. They guarantee that at least one employee with current first aid, anaphylaxis, and emergency asthma training is always present. The Approved Provider takes reasonable steps to ensure all staff and volunteers adhere to policies and procedures, which are kept accessible for inspection. Families are notified at least 14 days in advance of any policy changes affecting fees, care, or service use. They also manage exclusion policies, illness notifications, and lead reviews following outbreaks to continually improve service practices.

### THE NOMINATED SUPERVISOR WILL ENSURE:

The Nominated Supervisor ensures educators and employees are trained and qualified in first aid, anaphylaxis, and emergency asthma management, while supporting hygiene, cleaning, and food safety protocols. They maintain accessible first aid kits, manage communication with families regarding child health, enforce exclusion policies, and handle health information confidentially in line with privacy laws. They implement the Incident, Injury, Trauma, and Illness policy by investigating causes, taking corrective action, contacting emergency services first, and notifying parents promptly. Additionally, they ensure enrolment records include parental authorisation for medical treatment and ambulance transport when necessary.

### EDUCATORS WILL:

Educators promptly monitor children's health, complete Incident, Injury, Trauma, and Illness records within 24 hours, and notify families when symptoms arise. They model good hygiene, maintain clean environments, follow exclusion, first aid and medication policies, and ensure children with infectious symptoms are separated where possible. Medication administration involves two people, and

educators remain aware of allergies to provide appropriate care. Confidentiality is strictly maintained, with records stored securely until the child turns 25.

### FAMILIES WILL:

Families are responsible for adhering to the Service's health policies by providing current medical and contact information, authorising medical treatment, and ensuring emergency contacts can collect their child as soon as practicable if needed. They must notify the Service of any infectious illnesses, maintain up-to-date immunisations and medical management plans, complete all required documentation, and provide authorisation for medical treatment and ambulance transport when necessary. Families should inform the Service of any specific health needs, promptly collect their child after illness or injury, and keep the Service informed of any changes in the child's health or absences due to illness. Medical clearance may be required for the child's return after illness or surgery.

### RELATED DOCUMENTS

RESOURCES	POLICIES	PROCEDURES
Staying healthy: Preventing infectious diseases in early childhood education and care services 1Place Incident/ Illness Record Risk Assessment Management Plan 1place Rehearsal Records	Administration of First Aid Policy Emergency and Evacuation Policy Excursion/Incursion Policy Physical Environment Policy Water Safety Policy Work Health and Safety Policy Child Safe Environment Policy Child Protection Policy Mandatory Reporting Policy Administration of Medication Policy Death of a Child Policy Dealing with Infectious Diseases Policy Sleep and Rest Policy Safe Arrival of Children Policy Safe Transportation of Children Policy Medical Conditions Policy Supervision Policy	Administration of First Aid Procedure Head Injury Guide and Procedure Serious Incident Recording and Reporting Procedure Supervision Guidelines and Procedure Emergency Evacuation Procedure Emergency Incident Procedure Emergency Lockdown Procedure Missing Child Procedure Child Protection Procedure Mandatory Reporting Procedure Dental Accident Procedure Dealing with Infectious Diseases Procedure Managing Medical Conditions Procedure Safe Arrival of Children Procedure Safe Transportation of Children Procedure

### SOURCE

Australian Children's Education & Care Quality Authority  
 ACECQA resource – Policy and procedure guidelines for Incident, Injury, Trauma and Illness Policy  
 Education and Care Services National Law Act 2010  
[Education and Care Services National Regulations.](#)  
 Guide to the National Quality Framework  
 Staying Healthy, Preventing infectious diseases in early childhood education and care services -  
<https://www.nhmrc.gov.au/about-us/publications/staying-healthy-guidelines>

### REVIEW

POLICY REVIEWED	MODIFICATIONS	NEXT REVIEW DATE
October 2025	<ul style="list-style-type: none"> <li>Modification of template</li> <li>Revision of content (succinct and explicit)</li> </ul>	October 2027