



Bacchus Marsh
Grammar

ELC POLICY

Early Learning Centre

Incident, Injury, Trauma and Illness Policy and Procedures

Approved by the Approved Provider: September 2026

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Incident, Injury, Trauma and Illness Policy and Procedures

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1 Quick Reference

illness in children | incidents | injuries | trauma | serious incidents | public health regulations | head injuries | NQA IT System notifications | duty of care | risk management | first aid | incident, injury, trauma and illness record | record keeping | privacy and confidentiality | emergency response | non-serious incidents | building incident | medical emergencies | ambulance procedure | authorisations | hazard | harm | medication | child protection reporting | death of a child | serious injuries | broken bones | missing child | anaphylaxis | asthma attack | seizure | unauthorised removal of a child | managing unwell children | inappropriate conduct

2 Purpose and Background

- 2.1.1 To set out how we prevent and effectively respond to any incidents, injuries, trauma or illnesses of children in our care
- 2.1.2 This policy is a requirement under the Education and Care Services National Regulations. The approved provider must ensure that policies and procedures are in place for dealing with incidents, injury, trauma and illness involving children (s 168(2)(b))
- 2.1.3 This policy helps us to comply with our child safety and work health and safety obligations

3 Scope

- 3.1.1 This policy applies to:
 - 'Staff': the approved provider, nominated supervisor, paid workers, volunteers, work placement students, and third parties who carry out related work at our service (e.g., contractors, subcontractors, self-employed persons, employees of a labour hire company)
 - Children in our care, their parents, families and care providers
 - Visitors to our service who carry out related work, including allied health support workers
- 3.1.2 It applies to all physical, digital and online environments of our service (including off-site and outside of operating hours)
- 3.1.3 This policy covers incidents, injuries, trauma and illnesses involving children only - not staff, parents or visitors. Our Workplace Health and Safety Policy covers adults at our service

4 Definitions

- 4.1.1 The following definitions apply to this policy and related procedures:
 - 'Authorised nominee' means a person who has been given permission by a parent or family member to collect the child from a service under the National Law (s 170)
 - 'Emergency' means an incident, situation or event where there is an imminent or severe risk to the health, safety or well-being of a person at the service (e.g., a critical medical issue, flood, fire or a situation that requires the service premises to be locked down or other type of emergency response)
 - 'Emergency contact' is a person who has been nominated by the child's parent or legal guardian to be notified in case of an emergency
 - 'Emergency services' includes ambulance, fire brigade, police and emergency services
 - 'Harm' includes injuries and illnesses caused by a single exposure or event, or multiple or long-term exposure. Includes physical and psychological harm (and the various forms of child abuse, exploitation and neglect)
 - 'Hazard' is anything that can cause harm
 - 'Inappropriate conduct' means conduct that a reasonable person would consider to be inappropriate in an education and care service (see Child Safe Code of Conduct for a list of prohibited conduct). Incidents of inappropriate conduct may need to be reported to the regulatory authority via the NQA IT System, depending on the circumstances and applicable notification requirements
 - 'Injury' means 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' means an injury or illness that is acute and poses an immediate risk to a person's life or long-term health (e.g., a seizure, acute asthma attack, an anaphylactic response, choking or aspiration, major injuries, broken bones or lacerations, poisoning, chest pain or pressure, sustained or significant knock, serious head injury, loss of consciousness, sudden severe pain, uncontrolled bleeding, hyperventilation, fainting, difficulty breathing, coughing or vomiting blood, uncontrolled bleeding)
- 'Medication' means medicine within the meaning of the Therapeutic Goods Act 1989 of the Commonwealth. Medicine includes prescription, over-the-counter and complementary medicines. All therapeutic goods in Australia are listed on the Australian Register of Therapeutic Goods, available on the Therapeutic Goods Administration website.
- 'Minor incident' means an incident that results in an injury that is small and does not require medical attention
- 'Parents' includes guardians and persons who have parental responsibilities for the child under a decision or order of court
- 'Serious incident' is defined in the National Regulations (s 12) and includes:
 - the death of a child at the service, or following an incident occurring at the service
 - any incident involving serious injury or trauma to a child at the service which a reasonable person would consider required urgent medical attention or where the child attended or ought to have attended a hospital
 - any incident involving serious illness of a child at the service, where the child attended or ought to have attended a hospital
 - any emergency for which emergency services attended
 - any circumstance where a child:
 - appears to be missing from the service or cannot be accounted for
 - appears to have been taken or removed from the service premises in a manner that contravenes the National Regulations
- For reporting purposes, particular instances of inappropriate conduct may also meet the criteria for a serious incident or another prescribed notification and must be reported to the regulatory authority within the applicable timeframe.
 - is mistakenly locked in or out of the service premises or any part of the premises
- 'Staff', unless otherwise indicated, refers to approved provider, nominated supervisor, paid employees, volunteers, students, and third parties who are covered in the scope of this policy
- 'Trauma' (can be physical or psychological) is any severe physical injury sustained by a child while at the service that requires urgent medical treatment from a doctor or attendance at a hospital and/or and emotional or physiological response to an event, or series of events, that overwhelms a child's ability to cope, disrupting their sense of safety, behaviour, and emotional regulation

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5 Policy Statement

5.1 Critical Information

- 5.1.1 Staff must identify, assess and immediately respond to any incidents, injuries, trauma or illnesses involving children
- 5.1.2 If a child is in immediate danger, staff must call 000 and implement relevant emergency procedures (e.g., first aid, emergency management or evacuation)
- 5.1.3 Staff must remove or control any immediate hazards, and any other protective measures for themselves and other children
- 5.1.4 Staff must inform the nominated supervisor as soon as is practicable

5.2 A safe environment for children

- 5.2.1 The safety, rights and best interests of all children is our paramount consideration in all decisions and actions when providing care and education for children (the paramount consideration) (National Law s 2A). The rights and best interests of each child prevail over all other interests and obligations.



- 5.2.2 Our physical, digital and online environments must promote safety while minimising the opportunity for children to be harmed (Child Safe Standards/National Principles for Child Safe Organisations)
 - 5.2.3 The approved provider and nominated supervisor must take every reasonable precaution to protect children from harm and from any hazard likely to cause injury (National Law s 167), and ensure that all children are being adequately supervised at all times (National Law s 165)
 - 5.2.4 We must have plans to effectively manage illness, injury, incidents and emergencies. These plans must be developed in consultation with relevant authorities, be promoted, practiced and implemented (National Quality Standards 2.1.2 and 2.2.2)
 - 5.2.5 We must discharge our duty of care to children at our service in line with work health and safety laws and best practice guidelines
 - 5.2.6 We must ensure our premises and all equipment and furniture we use are safe, clean and good repair (National Regulations s 103) and that fencing, laundry, toilet and hygiene facilities meet all safety requirements so as not to pose a risk to children (National Regulations ss 104, 106, 107, 109)
We will ensure that staff have the training, resources, knowledge and practical experience required by National Law, National Regulations and Victorian child safety requirements to prevent and effectively respond to incidents, injuries, trauma or illnesses of children in our care, including required child safety and child protection training
 - 5.2.7 We must maintain trained first aid staff, suitably equipped and accessible first aid kits, emergency contact systems, and required emergency signage as set out in our First Aid Policy, in line with the National Regulations and work health and safety laws
- 5.3 **Risk assessments**
- 5.3.1 We must conduct, and keep a record of, regular risk assessments, audits and routine safety checks to identify and control the hazards/risks to children, in line with our obligations under the National Quality Framework and other relevant laws - including for work health and safety and child safety/protection
 - 5.3.2 If a serious incident occurs, or a pattern of minor incidents occur (e.g., repeated trips or bumps), the approved provider will promptly investigate the cause, review relevant risk assessments and implement appropriate control measures
 - 5.3.3 We will conduct additional risk assessments as soon as practicable if we become aware of any circumstances that may affect the safety, health or wellbeing of children
 - 5.3.4 The approved provider must ensure that staff can access and use risk assessments
 - 5.3.5 We have specific legal obligations for some risk assessments at our service (e.g., for excursions, transport, sleep and rest, evacuations, first aid etc.). These are set out in the relevant policy for those areas (see - related documents)
- 5.4 **Authorisations and enrolment, health and medication records**
- 5.4.1 The approved provider must ensure that an enrolment record is kept for each child with all the required information (National Regulations ss 92, 160, 161, 162) for staff to use to prevent and respond effectively to incidents, injuries, trauma and illness
 - 5.4.2 The record must include contact details for the child's parents, authorised nominees, emergency contacts; details of any parenting orders in place; written authorisations for medical treatment; health and dietary information; any medical and risk management plans in place; and medication records if we administer medication
 - 5.4.3 For details on authorisations, enrolment records, and medication records refer to our Authorisations Policy, Enrolment Policy and Administration of Medication Policy
- 5.5 **Standard actions for incident notifications and records**
- 5.5.1 If there is an incident, injury, trauma or illness involving a child while they are in our care, we must:
 - Notify the child's parent as soon as practicable (and within 24 hours) (National Regulations s 86)

- If the child is injured or ill, ask the parent or authorised nominee to collect the child as soon as possible and within 1 hour. If the child is seriously ill or injured, call an ambulance and arrange to meet the parent at the hospital
- Complete an incident, injury, trauma and illness record as soon as practicable (and within 24 hours) (National Regulations s 87)
- Make a record in our incident, injury, trauma and illness register
- Notify the regulatory authority (National Law s 174) via the NQA IT System as soon as practicable and within the set timeframe, if any of the following occurs:
 - a 'serious incident' at the service (within 24 hours)
 - the service receives a complaint alleging that:
 - a serious incident has occurred while a child is being educated or cared for by the service (within 24 hours), or
 - that the National Law or National Regulations have been contravened (within 24 hours)
 - an incident or allegations of physical and/or sexual abuse has occurred or is occurring at the service (within 24 hours)
 - any circumstances at the service that pose a risk to the health, safety or wellbeing of a child (within 7 days)
 - an incident that requires the provider to close, or reduce the number of children attending, the service for a period (within 24 hours)
 - if an additional child, or children, attend the service in an emergency (within 24 hours)
- Make other required notifications, where applicable, including to the police, child protection authorities, work health and safety regulator, and our insurance provider
- Keep records on the child's enrolment record and store securely for the required time

5.5.2 Where serious incident may need to be investigated by police or work health and safety authority, staff must follow their instructions. We may need to leave the area where the incident has occurred undisturbed and preserve all relevant evidence (including any CCTV footage)

5.6 Incident, injury, trauma and illness record

- 5.6.1 The approved provider must ensure that an incident, injury, trauma and illness record is kept for any incidents, injuries, illness or traumas involving a child while they are in our care (National Regulations s 87)
- 5.6.2 The record must include details of the incident, injury, illness or trauma including:
- The name and age of the child
 - The circumstances leading to the incident, injury, or trauma - or the relevant circumstances surrounding the child becoming ill and any apparent symptoms
 - The time and date of the incident, injury or trauma occurred, or the apparent onset of the illness
 - Any medication administered or first aid provided
 - Any medical personnel contacted
 - The name of the person who we notified or attempted to notify of the situation (e.g., parent or emergency contact name), and the time and date of the notifications or attempted notification
 - The name and signature of the person who made the notification or attempted to make the notification
 - The name and signature of the person completing the record, and the time and date the entry was made
- 5.6.3 The incident, injury, trauma and illness record must be completed as soon as practicable and within 24 hours (National Regulations s 87(4))
- 5.6.4 Our incident, injury, trauma and illness record form is located online on the Xplor platform accessed through Playground
- 5.6.5 Staff will also make a record in our incident, injury, trauma and illness register, which is located the Administration Office.

5.7 Storage of records

- 5.7.1 Records of an incident, illness, injury or trauma involving a child - whether it occurred while the child was in our care or as a result of an incident that happened during that time - must be kept until the child turns 25 years (National Regulations s 183), or 45 years or longer if it relates to child abuse
- 5.7.2 Records that relate to the death of a child while in our care - or that may have occurred as a result of an incident while they were in our care - until the end of 7 years after the death (National Regulations s 183)
- 5.7.3 Medication records must be kept until the end of 3 years after the child's last attendance (National Regulations ss 92, 183)
- 5.7.4 Personal information about a child must be stored securely and according to our Privacy and Confidentiality Policy and Record Keeping and Retention Policy

5.8 Relevant procedures

- 5.8.1 The following procedures support staff to respond effectively to incidents, injuries, trauma and illness, and must be followed as applicable:

PROCEDURE / PLAN	CORRESPONDING POLICY
ADMINISTRATION OF MEDICATION PROCEDURE	Administration of Medication Policy
CHILD PROTECTION REPORTING PROCEDURE – INCLUDING REPORTING STAFF	Child Protection Policy
CHILD REMOVED WITHOUT AUTHORISATION PROCEDURE	Incident, Injury, Trauma and Illness Policy
COMPLAINT HANDLING PROCEDURE	Complaint Handling Policy
DEATH OF A CHILD IN OUR CARE PROCEDURE	Incident, Injury, Trauma and Illness Policy
EMERGENCY MANAGEMENT AND EVACUATIONS PROCEDURES	Emergency Management and Evacuation Policy
EMERGENCY MANAGEMENT PLAN	Emergency Management and Evacuation Policy
FIRST AID PROCEDURE	First Aid Policy
HELPING CHILDREN THROUGH DIFFICULT TIMES (FOR PSYCHOLOGICAL TRAUMA) PROCEDURE	Positive Relationships for Children Policy
INFECTION CONTROL PROCEDURES AND EXCLUSION PERIODS	Dealing with Infectious Diseases Policy Health, Hygiene and Cleaning Policy
LOCKDOWN PROCEDURE	Emergency Management and Evacuation Policy, Lock Down Policy
MANAGING AN UNWELL CHILD PROCEDURE	Incident, Injury, Trauma and Illness Policy
MANAGING MEDICAL CONDITIONS, INCLUDING ASTHMA, ALLERGIES, ANAPHYLAXIS, DIABETES PROCEDURES	Medical Conditions Policy
MEDICAL EMERGENCIES PROCEDURE	Incident, Injury, Trauma and Illness Policy
MEDICAL MANAGEMENT, MEDICAL RISK MANAGEMENT AND COMMUNICATION PLANS IN PLACE FOR INDIVIDUAL CHILD	Medical Conditions Policy



MISSING CHILD PROCEDURE	Incident, Injury, Trauma and Illness Policy
OTHER RELEVANT PROCEDURES	Governance and Management Policy, see Appendix B - Management system cross reference table

5.9 Illness

- 5.9.1 Staff will not take a child into our care if they know or reasonably believe that the child:
- Has an infectious disease and needs to be excluded
 - Is unwell and unable to participate in our program of activities or requires unplanned additional attention
 - Has a fever (temperature >38oC)
 - Has had vomiting or diarrhoea in the past 24-48 hours, depending on the cause (refer to exclusion table in our Dealing with Infectious Diseases Policy for further guidance)
 - Has been administered medication in the past 24 hours to treat the symptoms of what might be an infectious disease (e.g., Panadol to treat a fever)
- 5.9.2 If a child becomes unwell while they are in our care, staff must:
- Follow our managing an unwell child procedure and any other relevant procedure
 - Follow the standard actions for incident notifications and records
- 5.9.3 If an immunocompromised child of any age becomes unwell or develops a fever (temperature >38oC) while they are in our care, staff will notify the parent or emergency contact as a matter of urgency and treat the matter as a potential medical emergency (the child will need to go to the nearest hospital emergency department as soon as possible)
- 5.9.4 Serious illnesses that occur while the child is in our care for which the child attended, or should reasonably have attended, a hospital (e.g., severe asthma attack, seizure, anaphylaxis attack) are considered a 'serious incident' (National Regulations s 12)

5.10 Injuries and traumas

- 5.10.1 If a child suffers an injury or trauma while they are in our care, staff must:
- Follow our first aid procedure and any other relevant procedure
 - Follow the standard actions for incident notifications and records, and ask parents to collect the child if needed
- 5.10.2 Staff must continue to observe and monitor the child, even if the injury at first appears minor
- 5.10.3 Serious injuries or traumas that require urgent medical attention from a registered medical practitioner or for which the child goes (or should go) to hospital for treatment, are considered a 'serious incident' (National Regulations s 12)

5.11 Death of a child

- 5.11.1 In the tragic event that a child dies while in our care, staff must:
- Commence CPR and call 000 immediately
 - Follow our death of a child in our care procedure and other relevant procedures
 - Follow the standard actions for incident notifications and records, including notifying all the relevant authorities
- 5.11.2 Although staff must notify the parents urgently, they should allow medical staff to deliver the news of the child's death
- 5.11.3 The approved provider will ensure that all children, families and staff receive ongoing support and have access to mental health resources and services

- 5.11.4 The death of a child while they are in our care is considered a 'serious incident' (National Regulations s 12)

5.12 Managing emergencies

- 5.12.1 If an emergency occurs at our service (e.g., fire, flood, lockdown, bushfire, bomb threat), staff must:
- Follow our emergency management and evacuation plans and procedures, and other relevant procedures
 - Follow the standard actions for incident notifications and records
- 5.12.2 Any emergency for which emergency services attended is considered a 'serious incident' (National Regulations s 12)

5.13 Medical emergencies

- 5.13.1 If a child experiences a medical emergency while in our care, staff must:
- Call 000 if necessary
 - Follow our first aid procedure, medical emergency procedure, and any other relevant procedure
 - Follow the standard actions for incident notifications and records
- 5.13.2 If a child in our care experiences an anaphylaxis or asthma emergency, staff are permitted by law to administer appropriate medication to the child without prior parental authorisation
- 5.13.3 In this situation, the approved provider or nominated supervisor must ensure that the parent of the child and emergency services are notified as soon as practicable (National Regulations s 94)
- 5.13.4 If any child requires urgent medical attention from a registered medical practitioner, attends (or should attend) hospital, or emergency services attend our service, it is considered a 'serious incident' (National Regulations s 12)

5.14 Missing or unaccounted for children

- 5.14.1 Staff must follow our active supervision practices to prevent children from going missing
- 5.14.2 If a child is missing or unaccounted, staff must:
- Follow our missing child procedure and any other relevant procedure
 - Treat the situation as an emergency
 - Follow the standard actions for incident notifications and records
- 5.14.3 Any circumstance where a child appears to be missing or cannot be accounted is considered a 'serious incident' (National Regulations s 12)

5.15 Unauthorised removal of a child from our care

- 5.15.1 Staff must follow relevant policies and procedures (including Authorisations Policy, Family Law Policy and Delivery and Collection of Children Policy) to prevent a child being removed by an unauthorised person
- 5.15.2 If a child is removed or someone attempts to remove them without authorisation, staff must:
- Follow our child removed without authorisation procedure and any other relevant procedure
 - Follow the standard actions for incident notifications and records
- 5.15.3 Any circumstance where a child appears to have been taken or removed from our service in a manner than contravenes the National Regulations is considered a 'serious incident'

5.16 Child mistakenly locked in or out

- 5.16.1 Staff must follow our active supervision and attendance records practices, checklists and lock up procedures to prevent a child from being mistakenly locked in or out of our premises or any part of our premises (e.g., sheds, storerooms, cupboards, on buses)
- 5.16.2 If a child is mistakenly locked in or out, staff must:
- Follow our child mistakenly locked in or out procedure and any other relevant procedure

- Follow the standard actions for incident notifications and records

5.16.3 Any circumstance where a child is mistakenly locked in or out of our premises or any part of our premises is considered a 'serious incident'

5.17 Inappropriate conduct, physical abuse, sexual abuse and reportable conduct

5.17.1 Staff must follow our child safe and child protection policies and procedures, and active supervision practices, to prevent a child from being physically or sexually abused while they are in our care

5.17.2 If there is an incident, concern or an allegation of physical or sexual abuse, staff must follow our child protection procedures, which cover how to respond, report and support

5.17.3 We must notify the regulatory authority the NQA IT System within 24 hours of:

- Any incident where the approved provider reasonably believes that physical or sexual abuse has occurred or is occurring while the child is in our care, and
- Any allegation that a child has or is being physically or sexually abused while in our care

In addition to notifications required under the National Law, organisations covered by the Victorian Reportable Conduct Scheme must respond to and report allegations of reportable conduct involving workers or volunteers. Workers and volunteers must report relevant concerns in accordance with the organisation's reporting procedures. The Approved Provider must notify Social Services Regulator within 3 business days of becoming aware of reportable allegation, provide the required detailed information within 30 calendar days, and provide the regulator with the investigation findings and other required information once the investigation is completed.

5.18 Circumstances that pose a risk to the health, safety or wellbeing of a child

5.18.1 Staff must follow relevant policies and procedures to ensure they identify, report and respond to any risks to a child, including near misses

5.18.2 We must notify the regulatory authority via the NQA IT System within 7 days of any circumstance that poses a risk to the health, safety or wellbeing of a child or children while they are in our care

5.18.3 Government guidelines offer the following examples of circumstances that pose a risk:

- Where service premises are in such a state of disrepair or neglect that it would pose a risk to children if they were attending the service
- Where service premises have been damaged by flood or other natural disaster such that the health, safety or wellbeing of children is at risk

5.19 Incidents that require us to close or reduce numbers of children attending

5.19.1 If we need to close, or reduce the number of children attending our service, we must notify the regulatory authority via the NQA IT System within 24 hours (e.g., due to a localised issue or emergency specific to our service, bushfire, cyclone, public health emergency)

5.19.2 We do not need to notify the regulatory authority if the closure or reduced attendance is due to a lack of staff

5.20 Additional children attending in an emergency or exceptional situation

5.20.1 If an additional child or children attend our service during an emergency or because of another exceptional reason, we must notify the regulatory authority via the NQA IT System within 24 hours

5.20.2 We may only care the additional child or children for up to 2 days and we must be reasonably satisfied that doing so will not affect the health, safety or wellbeing of all the children in our care

5.20.3 Examples of an emergency include when the child is in need of protection under a child protection order, or the parent needs urgent health care that prevents them from caring for the child

6 Principles

6.1.1 The safety, health, rights, welfare, best interests and wellbeing of children in our care is our number one priority, so we take every reasonable measure to prevent incidents, injuries, trauma, the spread of infectious diseases and avoidable illnesses



- 6.1.2 We maintain high levels of supervision and ratios are met at all times
- 6.1.3 Families are informed about any incidents, injuries, traumas or illnesses involving their child as soon as possible and staff keep accurate records
- 6.1.4 Our policies, procedures and plans regularly reviewed to ensure they continue to be based on the latest guidelines and recommendations from health and safety authorities, and that our practices comply with the relevant laws, regulations and standards
- 6.1.5 We communicate with staff, families, children and government authorities to manage and mitigate risks, ensuring that everyone is informed and contributing to a safe environment
- 6.1.6 Staff are trained and resourced to be able to deal with incidents, injuries, trauma and illnesses, including emergency situations
- 6.1.7 Children are helped to take increasing responsibility for their health and physical wellbeing. Infection control awareness, protective practices and assessing risks are included in our education programming and planning
- 6.1.8 We regularly review and update our policies and procedures to make sure they still reflect current best practices and address emerging health risks

7 Policy Communication, Training and Monitoring

- 7.1.1 This policy and related documents can be found in the Policy Folder in the Foyer.
- 7.1.2 The approved provider and nominated supervisor provide information, training and other resources and support regarding the Incident, Injury, Trauma and Illness Policy and related documents
- 7.1.3 All staff (including volunteers and students) are formally inducted. They are given copies to review, understand and formally acknowledge this Incident, Injury, Trauma and Illness Policy and related documents
- 7.1.4 The nominated supervisor runs a professional development program for each staff member, which covers this policy
- 7.1.5 Roles and responsibilities are clearly defined in this policy and in individual position descriptions. They are communicated during staff inductions and in ongoing training
- 7.1.6 The approved provider and nominated supervisor monitor and audit staff practices and address non-compliance. Breaches of this policy are taken seriously and may result in disciplinary action against a staff member
- 7.1.7 At enrolment, families are given access to our Incident, Injury, Trauma and Illness Policy and related documents
- 7.1.8 Families are notified in line with our obligations under the National Regulations when changes are made to our policies and procedures

8 Legislation (Overview)

8.1 Education and Care Services National Law and Regulations

Law	Description
2A	Paramount consideration – the right and best interests of children
s 165	Offence to inadequately supervise children
s 166A	Offences related to inappropriate conduct
s 167	Offence relating to protection of children from harm and hazards
s 174	Offence to fail to notify certain information to Regulatory Authority
Regulations	
ss 85 - 89	Incidents, injury, trauma and illness
ss 90 - 91	Medical conditions policy

ss 92 - 96	Administration of medication
ss 97 - 98	Emergencies and communication
ss 99 - 102	Collection of children from premises and excursions
ss 103 - 110	Physical environment – Centre-based services and family day care services
ss 111 – 115	Physical environment - Additional requirements for centre-based services
s 123	Educator to child ratios – centre-based services
s 136	First aid qualifications
s 158	Children's attendance record to be kept by the approved provider
s 160	Child enrolment records to be kept by approved provider and family day care educator
s 161	Authorisations to be kept in enrolment record
s 162	Health information to be kept in enrolment record
s 168	Education and care services must have policies and procedures
s 170	Policies and procedures to be followed
s 171	Policies and procedures to be kept available
s 172	Notification of change to policies or procedures
s 175	Prescribed information to be notified to Regulatory Authority
s 176	Time to notify certain information to the Regulatory Authority
s 177	Prescribed enrolment and other documents to be kept by the approved provider
ss 181 ,183 - 184	Confidentiality and storage of records

8.2 Other applicable laws and regulations

Name	Description
<i>Occupational Health and Safety Act 2004 (Vic)</i>	Describes the primary duty of care to people in the workplace
<i>Privacy Act 1988</i>	Principal act governing the handling of personal information
<i>Child Wellbeing and Safety Act 2005 (Vic)</i>	The primary legislative framework that consolidates and regulates child protection in Victoria, including the Reportable Conduct Scheme
<i>Family law legislation</i>	Covers court orders, parental orders

8.3 National Quality Standard

Standard / Element	Concept	Description
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 hazards
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 Safety and Protection	Management, educators and staff are aware of their roles and responsibilities in relation to child safety, including to identify and respond to every child at risk of abuse or neglect



Incident, Injury, Trauma and Illness Policy and Procedures

Bacchus Marsh Grammar

Standard / Element	Concept	Description
3.1	Design	The design of the facilities is appropriate for the operation of a service
3.1.2	Upkeep	Premises, furniture and equipment are safe, clean and well maintained
7.1.2	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service that is child safe

8.4 Victorian Early Years Learning and Development Framework

Outcome	Key component
3: CHILDREN HAVE A STRONG SENSE OF WELLBEING	- Children become strong in their social, emotional and mental wellbeing - Children become strong in their physical learning and wellbeing - Children are aware of and develop strategies to support their own mental and physical health and personal safety

8.5 Victoria 11 Child Safe Standards

Most relevant principles
Families and communities are informed and involved in promoting child safety and wellbeing
Processes to respond to complaints and concerns are child focused
Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training
Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed

9 Related Documents

9.1 Key Policies

Child Safe Environment Policy | Child Protection Policy | Child Safe Risk Management Plan | First Aid Policy | Cleaning, Health and Hygiene Policy | Physical Environment Policy | Work Health and Safety Policy | Enrolment Policy | Food Safety Policy | Medical Conditions Policy and schedules | Governance and Management Policy | Dealing with Infectious Diseases Policy | Staffing Arrangements Policy | Excursions Policy | Transport Policy | First Aid Policy | Safe Arrival of Children Policy | Sleep and Rest Policy | Emergency Management and Evacuations Policy | Immunisation Policy | Administration of Medication Policy | Acceptance and Refusal of Authorisations Policy

9.2 Procedures

Roles and Responsibilities – Incident, Injury, Trauma and Illness (attached) | Standard actions for incident notifications and records (attached) | Medical Emergencies Procedure (attached) | Managing an Unwell Child Policy (attached) | Missing Child Procedure (attached) | Death of a Child in our Care Procedure (attached) | Child Removed Without Authorisation Procedure (attached) | see other relevant procedures table in policy statement section above

9.3 Resources

Incident, Injury, Trauma and Illness record template (attached) | Quick Guide to the Incident, Injury, Trauma and Illness Policy (attached)

[ACECQA Information Sheet: Inappropriate Conduct](#)

[ACECQA Managing and Responding to injury, trauma and illness incidents](#)

[ACECQA Minimising the risk of children being mistakenly locked in or out of service premises](#)



10 Sources

Education and Care Services National Law and Regulations | National Quality Standard | Staying Healthy 6th edition NHMRC | Public Health and Wellbeing Act 2008 (Vic) | Public Health and Wellbeing Regulations 2019 (Vic) | St John Ambulance and Australian Red Cross resources | Red Nose Australia | Kidsafe Australia | ACECQA Incident, Injury, Trauma and Illness Policy and Procedure Guidelines

11 Authorisation

ELC Document Name	Incident, Injury, Trauma and Illness Policy and Procedures	
Name of Reviewer: Approved Provider	CEO Andrew Neal	Signature:
Name of Reviewer: Nominated Supervisor	Koren Naylor	Signature:
Date Revised	September 2026 This policy will be reviewed annually and when there are changes that may affect child safety. The review will include checks to ensure the Policy and Procedures reflects current legislation, continues to be effective, or whether any changes and additional training are required. The review will be conducted by approved provider, nominated supervisor/s, employees, and families.	

12 History

Date	Amendment
Sept 2023	1. Reviewed
May 2024	2. Reviewed with no changes
July 2025	3. Reviewed, minor changes, reformatted
September 2025	4. Review with major changes
October 2025	5. Minor updates pg 7,9,27
September 2026	6. Reviewed, reformatted and updated with changes to the National Quality Framework and state child safety legislation

13 Appendix A: Roles and Responsibilities – Incident, Injury, Trauma and Illness

Approved provider responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations*, including take every reasonable precaution to protect children from harm and hazards likely to cause injury and to ensure that children are adequately supervised at all times they are in our care

Ensure that our service's governance, management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for incidents, injuries, trauma and illness are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines

Ensure this Incident, Injury, Trauma and Illness Policy and related procedures are in place and available for inspection

Take reasonable steps to ensure our Incident, Injury, Trauma and Illness Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Ensure that our premises, furniture and equipment are safe, clean and well-maintained, and that staff are following our procedures for cleaning, health and hygiene

Investigate the cause of any incident, injury, trauma and illness and act to remove the cause if appropriate

Ensure risk assessments are conducted to identify and assess any risks to the safety, health or well-being of children, in accordance with regulations and our policies and procedures. Risk assessments must specify how the risks will be managed and minimised. They must be communicated to staff, recorded and available for inspection

Ensure a record of an incident, injury, trauma or illness is made, including the prescribed information, as soon as possible, and within 24 hours

Ensure that a parent of the child is notified as soon as is practicable, but no later than 24 hours after the incident, injury, trauma or illness

Ensure that we notify the regulatory authority and other relevant authorities as required, within the prescribed period of time

Ensure an enrolment record for each child is kept in accordance with regulations, including all the prescribed information including an authorisation by a parent or person named in the record for our 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 all incidents, injury, trauma and illness records are confidentially stored until the child is 25 years old. Records relating to child abuse should be stored for at least 45 years

Regularly review this Incident, Injury, Trauma and Illness Policy and related procedures in consultation with children, families, communities and staff

Notify families at least 14 days before changing this Incident, Injury, Trauma and Illness Policy if the changes will: affect the fees charged or the way they are collected; or significantly impact the service's education and care of children; or significantly impact the family's ability to utilise the service

Nominated supervisor / persons in day-to-day charge responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations*, including take every reasonable precaution to protect children from harm and hazards likely to cause injury and to ensure that children are adequately supervised at all times they are in our care

Support the approved provider to ensure that our service's management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for incidents, injuries, trauma and illness are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines

Implement this Incident, Injury, Trauma and Illness Policy and related procedures

Take reasonable steps to ensure our Incident, Injury, Trauma and Illness Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Support the approved provider to ensure that our premises, furniture and equipment are safe, clean and well-maintained, and that staff are following our procedures for cleaning, health and hygiene

Support the approved provider to investigate the cause of any incident, injury, trauma and illness and act to remove the cause it appropriate

Support the approved provider to ensure risk assessments are conducted to identify and assess any risks to the safety, health or well-being of children, in accordance with regulations and our policies and procedures. Risk assessments must specify how the risks will be managed and minimised. They must be communicated to staff, recorded and available for inspection

Support the approved provider to ensure a record of an incident, injury, trauma or illness is made, including the prescribed information, as soon as possible, and within 24 hours

Ensure that a parent of the child is notified as soon as is practicable, but no later than 24 hours after the incident, injury, trauma or illness

Notify the approved provider of any serious incidents as a matter of urgency. Support the approved provider to ensure that we notify the regulatory authority and other relevant authorities as required, within the prescribed period of time

Support the approved provider to ensure an enrolment record for each child is kept in accordance with regulations, including all the prescribed information including an authorisation by a parent or person named in the record for our 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

Send out regular reminders to families to keep their child's medical and emergency contact details up-to-date

Support the approved provider to ensure all incidents, injury, trauma and illness records are confidentially stored until the child is 25 years old. Records relating to child abuse should be stored for at least 45 years

Contribute to policies and procedure reviews and risk assessments and plans in consultation with children, families, communities and staff. Support the approved provider to notify families of reviews and changes according to legislation and our policies and procedures

Educator / other staff responsibilities (not limited to)

Follow this Incident, Injury, Trauma and Illness Policy and related procedures, including for cleaning and hygiene, safety checks, first aid, administration of medication, managing sick children, exclusion recommendations and periods, and emergency responses

If there is an incident, injury, trauma or illness involving a child:

- Follow the relevant procedure (e.g., first aid, managing an unwell child, child protection)
- Notify the child's parent/authorised emergency contact and the nominated supervisor immediately
- Complete an incident, injury, trauma and illness record as soon as practicable (and within 24 hours)
- Where relevant (e.g., a child is injured or ill, but does not need urgent medical attention), ask parent/authorised emergency contact to collect their child as soon as possible and within 1 hour

Notify the nominated supervisor or approved provider as a matter of urgency of any serious incidents, including incidents or allegations of physical or sexual abuse of a child

Be aware of and use the risk assessment to eliminate/minimise risks and ensure the safety, health or well-being of children. Report any concerns or new/changed risks to the nominated supervisor (via your room leader / supervisor as appropriate)

Keep your training, skills and knowledge for child safety and wellbeing (including, where relevant, first aid, medication administration, child protection, food safety, safe sleep, emergency and evacuation procedures) up to date

Contribute to policy and procedure reviews and risk assessments and plans

Families responsibilities (not limited to)

If your child is unwell, notify our service and do not bring your child in until they are well. Follow our rules about exclusion and keep your child away for the minimum period of exclusion

Collect your child – or have an authorised emergency contact collect your child - as soon as possible and within 1 hour if they become ill or injured while at our service

Notify our service if medication has been administered to your child in the past 48 hours to treat symptoms of a suspected or diagnosed infectious disease; and of the cause of the symptoms, if known. This should be communicated the first time the child attends the service after the medication has been administered

Provide authorisations in your child's enrolment form for our 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

Provide our service with the following written advice in the enrolment form:

- Any specific health care needs of the child, including any medical conditions and allergies and any medical management plans that need to be followed
- Up-to-date emergency contact list

Notify our service:

- Of any infectious disease or illness that has been identified while the child has been absent from the service that may impact the health and well-being of other children or adults at the service
- If there has been a change in the condition of the child's health or of recent accidents or incidents that may impact the child's care
- Of any changes to medical management plans
- Of changes to emergency contact list
- When the child is ill and will be absent from the service

Be contactable and collect the child as soon as possible from the service when notified of an incident, illness, trauma or injury to the child

14 Appendix B: Procedure – Standard actions for incident notifications and records

When to use this procedure

- When an incident, injury, trauma or illness involving a child while they are in our care or those that occur as a result of circumstances arising while the child is in our care
- The approved provider is ultimately responsible for ensuring all required notifications are made and the required records are kept
- This procedure may be carried out by educators, other staff, nominated supervisor, or the approved provider, depending on the nature of the incident, injury, trauma or illness
- Serious incidents must always be managed by the approved provider in consultation with the nominated supervisor and relevant staff

Critical information

- Identify, assess and immediately respond to any incidents, injuries, trauma or illnesses involving children
- If a child is in immediate danger, call 000 and implement relevant emergency procedures (e.g., first aid, emergency management or evacuation, child protection emergency)
- Remove or control any immediate hazards, and take any other protective measures for yourself and others (if safe to do so)
- Inform the nominated supervisor as soon as is practicable

Notifications and records of incidents, injury, trauma or illness involving a child

- Notify the child's parent as soon as practicable (and within 24 hours)
- If the child is injured or ill, ask the parent or an authorised nominee to collect the child as soon as possible and within 1 hour. If the child is seriously ill or injured, call an ambulance and arrange to meet the parent at the hospital
- Complete an incident, injury, trauma and illness record as soon as practicable (and within 24 hours)
- Notify the regulatory authority via the [NQA IT System](#) as soon as practicable as follows:
 - Within 24 hours of a 'serious incident' occurring (or, if our service only becomes aware that the incident was serious afterwards, notify the regulatory authority within 24 hours of becoming aware that the incident was serious)
 - Within 24 hours of any complaints alleging that a serious incident has occurred or is occurring while a child was or is at the service
 - Within 24 hours of any complaints that the *National Law or Regulations* have been breached
 - Within 24 hours of any incident, complaint or allegation that physical or sexual abuse of a child has occurred or is occurring while the child is at the service
 - Within 24 hours of any incidents that require the service to close or reduce attendance
 - Within 24 hours of any children being educated and cared for in an emergency, including where there is a child protection order or the parent needs urgent health care. Note:
 - Emergency care can be no longer than two consecutive days of operation
 - The approved provider or nominated supervisor will consider the safety, health and wellbeing of all children at the service before accepting the additional child/children, and will advise the regulatory authority about the emergency



- Within 7 days of any circumstances arising at the service that pose a risk to the health, safety and wellbeing of a child
- Make other required notifications, where applicable, including to the police, child protection authorities, work health and safety regulator, and our insurance provider
- Record in the incident, injury, trauma and illness register
- Keep records on the child's enrolment record and store securely until the child is 25 years old, or 45 years (or longer) if it relates to child abuse
- Where a serious incident may need to be investigated by police or work health and safety authority, follow their instructions. We may need to leave the area where the incident has occurred undisturbed and preserve all relevant evidence (including any CCTV footage)

15 Appendix C: Procedure – Medical emergencies

When to use this procedure

- If a child is experiencing a serious medical condition or emergency that requires an urgent response
- May include: unexpected seizures, anaphylaxis, asthma attacks, severe allergic reactions, breathing difficulties, loss of consciousness, head injuries, suspected spinal injuries, severe bleeding, choking, suspected heart attack, fevers in infants under 3 months, fevers in children who are immunocompromised, diabetic hypos or hypers

1. Identify and respond immediately

- Stay calm and assess the situation
- If the child is in immediate danger or a life-threatening condition, call 000 and follow emergency instructions
- Provide immediate first aid as appropriate, following your training, our first aid procedure and any relevant medical management plans in place for the child
- Use prescribed or general use emergency medication if necessary (e.g., EpiPens, Ventolin)
- Ensure other children and adults are safe – remove them or hazards from the area if necessary and safe to do so

2. Call emergency services (000)

- Stay calm and call 000 from a safe place
- When your call is answered you will be asked if you need Police, Fire or Ambulance
- If requested by the operator, state the town and location
- Your call will be directed to the service you asked for
- When connected to the emergency service, stay on the line, speak clearly and answer the questions
- Don't hang up until the operator tells you to do so
- Provide clear location information
 - You will be asked where you are
 - Try to provide street number, street name, nearest cross street and the area
 - In rural areas give the full address and distances from landmarks and roads as well as the property name
 - If calling from a mobile or satellite phone, the operator may ask you for other location information
 - If you make a call while travelling, state the direction you are travelling and the last motorway exit or town you passed
- Follow instructions from the operator
- The operator may ask you to wait at a pre-arranged meeting point to assist emergency services to locate the incident



- Staff with a speech or hearing impairment can use the 106 text based service
 - If you can't speak English you can call 000 from a fixed line and ask for 'Police', 'Fire', or 'Ambulance'. Once connected you need to stay on the line and a translator will be organised
3. Continue to monitor and support the child
 - Monitor condition, breathing, consciousness and comfort
 - Do not leave the child alone
 - Provide reassurance to the child and/or other children who are present
 4. Notify the nominated supervisor or responsible person immediately
 5. Call the parents urgently. Tell them to meet the child at the hospital and where the hospital is located
 6. If possible, a staff member who knows the child should accompany the child in the ambulance
 7. Take any medical management plans and enrolment details to the hospital
 8. Complete an incident, injury, trauma and illness record as soon as practicable (and within 24 hours). Retain the record until the child is aged 25
 9. Record in the incident, injury, trauma and illness register
 10. Complete a medication record if we administer medication to the child
 11. Notify the regulatory authority via the [NOA IT System](#), if required – note: if the child requires emergency medical attention or is taken to hospital, we must notify within 24 hours
 12. Notify our work health and safety authority and insurance agency, if required
 13. Offer counselling to children, families and staff if necessary, and implement practices for support for trauma or stress
 14. Review the situation and relevant documents, including relevant risk assessments, QIP/SAT, policies and procedures and individual medical risk management plans, communication plans
 15. Restock and audit first aid kits, and emergency equipment and medication

16 Appendix D: Procedure – Managing an unwell child

When to use this procedure

- When a child comes to the service with symptoms of an infectious disease or other illness
- When a child develops symptoms of an infectious disease or an illness while they are in our care

Staff should follow our first aid procedure if a child is injured

Identifying illness

1. Watch for symptoms of infectious diseases or other illnesses in children, and notice behaviour changes that might indicate illness. Common indicators include:
 - Temperature over 38°C
 - Coughing
 - Runny or stuffy nose
 - Nausea, vomiting or diarrhea
 - Tired or less active
 - Eating or drinking less than normal
 - Unexplained crying or fussiness
 - New or unexplained skin rashes
 - Sore throat, often accompanied by swollen glands
 - Complaints of pain in areas like the stomach, ears, or head

Respond to medical emergencies

1. Call an ambulance (000) immediately and administer first aid according to our procedures if a child has any of the following serious symptoms:
 - **Breathing difficulty:** the child may breathe rapidly or noisily, or they may look pale or bluish around the mouth. They might struggle with each breath, showing signs like muscles drawing in between the ribs or at the neck
 - **Drowsiness or unresponsiveness:** the child is unusually sleepy, difficult to wake, less alert, or showing reduced eye contact or interest in surroundings
 - **Poor circulation:** The child looks pale, and their hands and feet may feel cold or appear blue
 - **An unexpected convulsion** or a convulsion that lasts for longer than 5 minutes
 - **Any other major concerns** for the child's health or safety
2. Consider calling an ambulance (000) and administer first aid according to our procedures if any of the following concerning symptoms are severe, get rapidly worse and/or if multiple symptoms develop:
 - **Lethargy and decreased activity** - the child prefers to lie down or be held, showing little interest in activities they usually enjoy

- **Fever** - a temperature above 38.0°C usually signals an infection. Infants under 3 months or a child who is immunocompromised should see a doctor urgently if they have a temperature over 38.0°C. Accurate temperature measurement is crucial – see (see [Taking your child's temperature](#))
- **Poor feeding** - the child eats and drinks significantly less than normal
- **Poor urine output** - less frequent toileting or fewer wet nappies than usual
- **Pain** - look for facial expressions or irritability in non-verbal children
- **Stiff neck, irritability, or light sensitivity** - these could indicate meningitis
- **New red or purple rash** - rapidly developing rashes may be serious. Monitor the child to see whether the rash develops rapidly or is combined with other concerning symptoms

Isolate, treat and monitor the child

1. If a child shows signs of illness, separate them from other children until they can be collected and taken home
2. Comfort and supervise the child. Offer them water
3. Provide a disposable sick bag to the child if they feel nauseous or are actively vomiting
4. Track symptoms and watch for worsening, serious or concerning symptoms
5. If required, follow our medical emergency procedure, administer first aid according to our procedures and/or call an ambulance (000)

If a child appears to have a fever:

1. Measure the temperature accurately to confirm the fever (over 38°C). Use the appropriate thermometer for the child's age and follow the manufacturer's instructions
2. Keep them hydrated by offering water, clear fluids, or oral rehydration solutions
3. Dress them lightly in breathable clothes to help regulate body temperature. Do not use warm, thick or heavy blankets
4. Administer paracetamol only if needed AND according to our [Administration of Medication Policy](#) AND only if parent/s have given written authorisation
5. Monitor their behaviour – check they are comfortable. Not all fevers need immediate treatment but the child should see a doctor if they have other concerning symptoms (e.g., a stiff neck or light is hurting their eyes, they are vomiting and refusing to drink, have a rash, are more sleepy than usual, have problems breathing or have pain that doesn't get better with pain relief medication)
6. Bathe their face in lukewarm water, if the child is distressed
7. **IMPORTANT:** If an infant under 3 months old or a child of any age who is immunocompromised develops a fever (temperature >38°C), notify the parent as a matter of urgency and follow our medical emergency procedures, where required. Fevers in babies this young is serious

If the child has a febrile seizure:

1. Place the child on a soft surface, lying on their side or back

2. Try to watch exactly what happens, so that you can describe it to the doctor and parents later. It can be useful if you are able to record a video of the seizure to show the doctor
3. Time how long the seizure lasts, if possible
4. Do not restrain the child
5. Do not put anything in the child's mouth, including your fingers. The child will not choke or swallow their tongue
6. Do not put a child who is having a seizure in the bath to lower their temperature
7. Call an ambulance immediately if the seizure is unexpected (i.e., it is the child's first seizure), the seizure lasts for more than five minutes, the child does not wake up when the seizure stops or the child looks very sick when the seizure stops
8. Otherwise, contact the parent/emergency contact to arrange for the child to be collected and taken to the GP/hospital as soon as possible

Call parent/emergency contact

1. Call the child's parent/s. If they are unavailable, call the child's emergency contact
2. Ask for the child to be collected by an authorised nominee as quickly as possible and within one hour
3. Discuss the child's symptoms and any actions we have taken in response to the illness
4. Describe the severity of the symptoms, the timing of the symptoms, and information about the child's behaviour. This information helps the parent/authorised nominee know whether to take the child to a doctor (note - babies under 3 months with a fever should see a doctor urgently and fevers can indicate serious illnesses in older children). Give fact sheets, if appropriate
5. Remind the parent/authorised nominee that the person picking up the child must have ID if they are not known to us
6. Use a translation service if required

Practice good hygiene if you suspect the child has an infectious disease

1. If the child is coughing or sneezing, remind them to cough into their inner elbow or a tissue
2. Wear a mask and gloves, if appropriate
3. Dispose of any used tissues, sick bags, nappies or paper liners in the designated, lined bin to prevent contamination
4. Wash your hands thoroughly after contact with the child or surfaces that may be infected, following our hand hygiene procedure
5. Sanitise items that the child has used according to our hygiene procedures, e.g.:
 - Beds, cots, bedding, towels, clothing
 - Furniture, equipment
 - Toys, books
 - Dishes, bottles, utensils



6. Clean up any body fluid spills - urine, faeces, mucus, saliva, vomit, blood and breastmilk – according to our body fluids spills procedure (in our [Health, Hygiene and Cleaning Policy](#))
7. Make sure rooms are well ventilated to prevent spread of airborne infectious diseases

Exclude the child from the service (if illness caused by an infectious disease)

1. Follow our exclusion of children and staff procedure (in [Dealing with Infectious Diseases Policy](#))
2. Exclude the child from the service for the recommended/required period of time

Notify other families and other authorities, where applicable

1. If the child has an infectious disease, we may need to notify the department of health in some instances. Follow our infectious disease notification procedure (in our [Dealing with Infectious Diseases Policy](#)).
2. Notify the regulatory authority via the [NQA IT System](#), if required – note: if the child has a serious illnesses that occurs while they are in our care for which the child attended, or should reasonably have attended, a hospital, we must notify within 24 hours

Create records and store them securely and confidentially

1. Complete an incident, injury, trauma and illness record as soon as practicable and within 24 hours. Keep the record on the child's enrolment and confidentially store until the child is 25 years old (or 45 years or longer if the record relates to abuse)
2. Make medication record, if we administer medication to the child. Retain this record for 3 years after the child's last day at the service
3. Record in the incident, injury, trauma and illness register

Keep all other relevant records of notifiable diseases and notifiable incidents, including which staff member made the report and to whom the report was made

17 Appendix E: Procedure – Missing child

When to use this procedure

- If a child seems to be or is missing or unaccounted for while they are in our care, including during excursions, travel or transport
- Confirm the child is missing, call 000 and ensure safety of other children
 - Check that all other children are accounted for and adequately supervised
 - Confirm the number of children in attendance
 - Check the sign-out register to ensure the child has not already been collected
 - Confirm the name of the child who is missing
- Report the above information to the nominated supervisor or responsible person urgently
- The nominated supervisor or responsible person must call the parent immediately and urgently alert all staff to the situation
- If it is safe to do so, staff who are not supervising other children must:
 - Close and lock all exit doors and gates
 - Conduct a coordinated and thorough search of the service inside and outside, including in cupboards and storerooms, and in the areas beyond our premises (e.g., on the streets, nearby parks, neighbouring buildings, buses, vehicles)
 - Search immediate area if off-site (e.g., on an excursion, buses, cars)
- If the child has not been found during the first check of our premises or the immediate area, follow instructions from the police
- If the child has not been found during the first check of our premises or the immediate area or within 5 minutes (whichever occurs first), staff must contact 000 and follow instructions
- Complete an incident, injury, trauma and illness record as soon as practicable and within 24 hours. Keep the record on the child's enrolment and confidentially store until the child is 25 years old
- Record in the incident, injury, trauma and illness register
- Notify the regulatory authority via the NQA IT System as soon as practicable and within 24 hours – a missing child is a serious incident
- Notify our work health and safety authority and insurance agency, if required
- Offer counselling to children, families and staff if necessary, and implement practices for support for trauma or stress
- Review the situation and relevant documents, including relevant risk assessments, QIP/SAT, policies and procedures

18 Appendix F: Procedure – Death of a child while in our care

When to use this procedure

- In the tragic event that a child dies while they are in our care or dies as a result of an incident that occurred in our care

If child died following an event at the service start this procedure at step 5

1. Implement medical emergency procedure, including:
 - Attend to the child and attempt CPR if appropriate
 - Call ambulance immediately on 000 and follow instructions
 - Request police attendance – this is a requirement when a death occurs
 - Do not move the child unless directed by emergency services or to protect other children from harm
 - Immediately remove other children from the area, and keep children calm and adequately supervised
 - Travel in ambulance with the child
 - Wait with the child until their parents arrive
 - Allow medical professionals to deliver news about the child's condition to the parents
2. Notify the nominated supervisor, responsible person or approved provider immediately so they can coordinate the response
3. A senior staff member must notify the child's parents urgently and arrange to meet at the hospital
4. Do not leave voicemails or messages with the child's parents/emergency contacts unless directed to do so by emergency services
5. Cordon off the site where the death occurred (or where the incident that led to the death occurred) and leave it undisturbed pending investigations by the police and work health and safety inspectors. Do not clean the area and preserve all potential evidence, including footage (e.g., CCTV, digital devices)
6. Make required notifications and follow instructions:
 - The police immediately about child's death
 - The regulatory authority within 24 hours of death (or advice of death) via the [IT System](#) – the death of a child is a 'serious incident'
 - Work health and safety regulator as soon as possible after the death (or advice of death) - the death of a person is a "notifiable incident" under the work, health and safety legislation
 - Child protection authorities, depending on the circumstances
 - Insurance agency

7. Complete an incident, injury, trauma and illness record as soon as practicable and within 24 hours
8. Keep the record and all other relevant documents (including notes, instructions and confirmations of notifications) on the child's enrolment and confidentially store for 7 years after the child's death
9. Record in the incident, injury, trauma and illness register
10. Cooperate fully with investigations by police, regulatory authorities and any other official inquiries
11. Communicate with children and their families in a respectful and factual manner, upholding the dignity and rights of the child and their family
12. Offer immediate and ongoing support to staff, children and families, and monitor their wellbeing
13. Offer counselling to children, families and staff, and implement practices for supporting for trauma or grief
14. Do not post information about the child's death on social media or disclose any unauthorised information as this could prejudice investigations
15. Conduct a thorough internal review of the situation and update relevant documents, including relevant risk assessments, QIP/SAT, policies and procedures

19 Appendix G: Procedure – Child removed without authorisation

When to use this procedure

- If an unauthorised person removes, or tries to remove, a child from our care

‘Unauthorised person’ means someone who is not permitted to remove a child from our care. Children may only leave the service premises:

- If they are given into the care of a parent, an authorised nominee named in the child’s enrolment record, or a person authorised by the parent or authorised nominee
- In accordance with the written authorisation of the child’s parent or authorised nominee
- If they are taken on an excursion or on transportation provided or arranged by the service, with written authorisation from the parent or authorised nominee
- If they are given into the care of a person or taken outside the premises because the child requires medical, hospital or ambulance care or treatment, or because of another emergency

NOTE: ‘parent’ includes a guardian of the child; and a person who has parental responsibility for the child under a decision or order of a court. For the purposes of this procedure, ‘parent’ does not include a parent who is prohibited from having contact with the child.

1. Prevent the removal of the child if possible
 - Stay calm and try to keep others around you calm
 - Do not release the child if the person is not authorised on the child’s enrolment record, or if you can’t verify their identity
 - Tell the person that you are not allowed to release the child by law and that you need to consult with the approved provider or nominated supervisor
 - If it is safe to do so, move the child to a secure location with another staff member
2. Call 000 immediately if the child is taken or anyone is in danger
3. If the situation is critical (e.g., siege, hostage situation, very aggressive behaviour, threat of violence) implement our lock down procedure
4. Explain the situation to emergency services and request immediate police attendance
5. Follow police instructions
6. Notify the nominated supervisor or approved provider immediately so they can coordinate the response
7. Notify the child’s parent urgently
8. Ensure the safety of other children and staff. Reassure children and keep them secure and supervised
9. Preserve any potential evidence for police investigations (e.g., CCTV footage, record descriptions of the person, licence plate, cordon off the site if appropriate)



10. Make required notifications and follow instructions:
 - The police – notify the police even if the person did not successfully remove the child as the attempt may be a criminal offence
 - The regulatory authority within 24 hours via the [NQA IT System](#) – removing or attempting to remove a child without authorisation is a 'serious incident'
 - Child protection authorities, depending on the circumstances
 - Complete an incident, injury, trauma and illness record as soon as practicable and within 24 hours
11. Keep the record and all other relevant documents (including notes, instructions and confirmations of notifications) on the child's enrolment and confidentially store until the child is 25 years old
12. Record in the incident, injury, trauma and illness register
13. Cooperate fully with investigations by police, regulatory authorities and any other official inquiries
14. Where appropriate, communicate with children and their families about the situation in a respectful and factual manner, upholding the dignity and rights of the child and their family
15. Conduct a thorough internal review of the situation and update relevant documents, including relevant risk assessments, QIP/SAT, policies and procedures

20 Appendix H: Procedure – Child mistakenly locked in or out

When to use this procedure

- If a child has been mistakenly locked in or out of our premises or any part of our premises, including being:
 - Locked outside or inside during or after hours
 - Locked in a bathroom, toilet
 - Locked in a shed or storeroom
 - Asleep in a cot, and staff leaving and the service closing for the day

Locked in a bus after being collected from home and arriving at the service or while on excursions

1. Locate the child and unlock door/gate immediately
2. Assess for any immediate risks (e.g., traffic, water, heat, isolation, distress, other hazards)
3. Conduct an immediate headcount and check attendance records to confirm that all children are accounted for
4. If you are unable to unlock door/gate:
 - Implement emergency access procedure (e.g., master key, override systems, contact management)
 - Stay with the child at all times or within the line of sight/hearing of the child until you are able to unlock door/gates
 - Reassure and comfort the child
 - Urgently seek additional staff support if this is needed to ensure all other children are supervised
5. Once the child has been let back in, assess for injury, harm, distress, dehydration, overheating or other concerns
6. If child is injured or unwell:
 - Call for an ambulance on 000 if required
 - An appropriately qualified staff member must apply first aid in line with our [First Aid Procedure](#)
7. Maintain supervision of all children at all times while responding to the child
8. Notify the nominated supervisor/responsible person immediately
9. Notify the child's parents immediately (and within 24 hours)
10. Complete an incident, injury, trauma and illness record as soon as practicable and within 24 hours. Keep the record on the child's enrolment and confidentially store until the child is 25 years old
11. Record in the incident, injury, trauma and illness register
12. Notify the regulatory authority via the [NQA IT System](#) as soon as practicable and within 24 hours – a child mistakenly locked in or out of our premises or any part of our premises is a serious incident
13. Notify other external agencies as required (e.g., work health and safety authority and insurance agency)
14. Offer counselling to the child, other children, families and staff if necessary, and implement practices for support for trauma or stress
15. Conduct a thorough internal review of the situation and update relevant documents, including relevant risk assessments, QIP/SAT, policies and procedures



16. Carry out any safety improvements or maintenance required (e.g., to doors, gates, security systems, locks)



21 Appendix I: Resource – Incident, Injury, Trauma and Illness Policy – Quick Guide

Immediate response

- Act immediately if a child experiences an incident, injury, trauma, or illness while in our care
- Call **000** and follow our emergency procedures (e.g. first aid, evacuation) if a child is in danger
- Remove or control hazards to protect everyone's safety
- Inform the nominated supervisor as soon as possible
- Follow policies and procedures

Keeping children safe

- Provide safe physical, digital and online environments to prevent harm
- Take all reasonable precautions to protect children and actively supervise them at all times
- Maintain premises, furniture, and equipment so they are safe, clean, and in good repair
- Ensure staff are trained, resourced, and experienced in responding to emergencies and providing first aid
- Carry out regular safety checks, audits, and risk assessments, and review them after incidents or new hazards are identified

Records and notifications

- Notify the child's parent as soon as possible (and within 24 hours) if an incident, injury, trauma, or illness happens
- Complete an Incident, Injury, Trauma and Illness Record within 24 hours
- Notify the regulatory authority within the required timeframes for serious incidents, allegations of abuse, or other risks
- Make any other legally required notifications (e.g. police, child protection, WHS regulator, insurer)
- Store all records securely for the required retention period

Serious incidents reported within 24 hours

- Death of a child
- Urgent medical attention or hospital attendance for injuries, traumas or illness
- Missing or unaccounted for child
- Unauthorised removal of a child
- Child mistakenly locked in or out of the premises
- Allegations of physical or sexual abuse
- Emergencies requiring emergency services

Questions? Speak to the nominated supervisor or approved provider. Our full Incident, Injury, Trauma and Illness Policy is available on our Web site and the policy folder in the Gallery