INCIDENT, INJURY, TRAUMA & ILLNESS POLICY

PURPOSE

Village Early Education is committed to protecting the safety, health, wellbeing and best interests of every child. This policy sets out how incidents, injuries, trauma and illness are prevented, identified, responded to, documented and notified, and how children who become unwell while attending the Service are supported. It also provides clear guidance for exclusion and return to care, consistent with the Education and Care Services National Law and Regulations, Staying Healthy: Preventing infectious diseases in early childhood education and care services (6th Edition), and relevant public health advice.

INJURY, INCIDENT OR TRAUMA

Where a child, educator, staff member, volunteer or visitor is injured or involved in an incident at the Service, an educator with an approved first aid qualification will respond immediately. Adequate supervision of all children must be maintained while assistance is provided.

Educators will:

- Provide first aid and seek urgent medical assistance where required.
- Contact the child's parent/guardian as soon as practicable, having regard to the nature and seriousness of the incident.
- Complete an Incident, Injury, Trauma and Illness Record as soon as practicable and within 24 hours.
- Escalate serious incidents to the Nominated Supervisor or Responsible Person immediately.
- Review incidents where appropriate to identify hazards, contributing factors and opportunities to improve practice.

The Administration of First Aid Policy and Procedure must be followed whenever first aid or emergency assistance is required.

SERIOUS INCIDENTS AND REGULATORY NOTIFICATION

A serious incident includes circumstances prescribed by Regulation 12, including the death of a child; serious injury, trauma or illness requiring urgent medical attention or hospital attendance; an emergency where emergency services attended or ought reasonably to have attended; or a child who appears to be missing, unlawfully removed, or mistakenly locked in or out of the premises.

The Nominated Supervisor must be notified immediately of any incident that may meet the serious incident threshold.
The Regulatory Authority must be notified within 24 hours where required under the National Law and Regulations.

Any allegation or incident of physical or sexual abuse occurring while a child is being educated and cared for must be managed in accordance with child protection requirements and notified to the Regulatory Authority where required.

MISSING OR UNACCOUNTED FOR CHILD

At all times, reasonable precautions and adequate supervision is provided to ensure children are protected from harm or hazards. However, if a child appears to be missing or unaccounted for, removed from the Service premises that breaches the National Regulations or is mistakenly locked in or locked out of any part of the Service, a serious incident notification must be made to the Regulatory Authority.

A child may only leave the Service in the care of a parent, an authorised nominee named in the child's enrolment record, or a person authorised by a parent or authorised nominee or because the child requires medical, hospital or ambulance care or other emergency.

Educators must ensure that:

- the attendance record is regularly cross-checked to ensure all children signed into the service are accounted for
- children are supervised at all times
- visitors to the service are not left alone with children at any time

Should an incident occur where a child is missing from the Service, educators and the Nominated Supervisor will:

- attempt to locate the child immediately by conducting a thorough search of the premises (checking any areas that a child could be locked into by accident)
- cross check the attendance record to ensure the child hasn't been collected by an authorised person and signed out by another person
- if the child is not located within a 10-minute period, emergency services will be contacted, and the Approved Provider will notify the parent/s or guardian

- continue to search for the missing child until emergency services arrive whilst providing supervision for other children in care
- provide information to Police such as: child's name, age, appearance, (provide a photograph), details of where the child was last sighted.

HEAD INJURIES

It is common for children to bump their heads during everyday play; however, it is difficult to determine whether the injury is serious or not. Any knock to the head will be documented on an Incident Report.

First Aid trained educators will assess the child and administer any First Aid required and the family will be notified of the injury via phone call.

Emergency services must be contacted immediately where the child loses consciousness, has difficulty breathing, has a seizure, is increasingly drowsy or confused, has repeated vomiting, has sustained a high-impact injury or fall from height, or displays any other serious or rapidly worsening symptoms.

SUPPORTING CHILDREN FOLLOWING TRAUMA

A child may experience trauma following an accident, serious illness, family or community event, violence, abuse, neglect, disaster or other distressing experience. Children may respond through changes in behaviour, play, sleep, eating, emotions, communication or relationships.

Educators will respond in a calm, predictable and child-centred way. Support may include:

- providing reassurance, familiar routines and a quiet or comforting space
- allowing the child time and choice in how they engage
- observing and documenting significant changes in behaviour or wellbeing
- communicating sensitively with the family
- seeking guidance from the Centre Manager and relevant support professionals where appropriate.

Concerns that indicate abuse, neglect or family violence must be managed under the Child Protection Policy and applicable information-sharing and mandatory reporting requirements.

ILLNESS MANAGEMENT

Educators are not expected to diagnose illness. They will observe the child's symptoms, behaviour and ability to participate in the program, provide comfort and care, and respond according to the seriousness of the child's presentation. Infection prevention practices, including hand hygiene, respiratory hygiene, appropriate personal protective equipment, cleaning and disinfection, nappy changing and toileting procedures, must be followed at all times.

To reduce the transmission of infectious illness, our Service implements effective hygiene and infection control routines and procedures from *Staying healthy: Preventing infectious diseases in early childhood education and care services- 6th Edition*.

CHILDREN ARRIVING AT THE SERVICE WHO ARE UNWELL

A child may be refused care or require collection where they are unwell, unable to participate comfortably in the program, require a level of care that cannot reasonably be provided without compromising supervision of other children, or meet an applicable exclusion requirement.

A child should not attend the Service where:

- they have a diagnosed infectious disease and are within the recommended exclusion period
- they have a fever of 38°C or above
- they are experiencing diarrhoea or vomiting and have not met the applicable exclusion period
- they have serious or worsening symptoms requiring medical assessment
- a public health direction or other applicable exclusion requirement prevents attendance.
- have been given medication for a temperature/illness in the last 24 hours to arriving at the Service or for pain relief without a letter from a GP (for example: Panadol, Nurofen)

Where the child has an ongoing or non-infectious condition that may present with similar symptoms, families should provide relevant medical information so educators can respond appropriately.

IDENTIFYING AND RESPONDING TO ILLNESS

Educators will monitor children for changes in behaviour, comfort, activity, appetite, hydration, breathing and other symptoms. The child's overall presentation must be considered, including whether symptoms are new, persistent, worsening or occurring together.

Educators will call 000 immediately if a child has serious symptoms such as difficulty breathing, unresponsiveness, severe drowsiness, seizure, blue or very pale appearance, sudden collapse, or any other condition requiring urgent medical attention.

For concerning but non-emergency symptoms, educators will monitor the child closely, contact the family, and arrange collection where the child is not well enough to participate comfortably or there is a risk of infection to others.

HIGH TEMPERATURES OR FEVERS

A fever is a temperature of 38°C or above. Educators will consider the temperature together with the child's behaviour and other symptoms.

Records of temperatures checked- even when not reaching 38°C or above, will be recorded on the Incident, Injury, Trauma and Illness record indicating the time taken and temperature.

For an infant under 3 months with a temperature of 38°C or above, notify the family immediately to seek medical advice.

If a child feels hot or appears unwell, check their temperature

- If a reading is elevated but below 38°C and the child is otherwise well, monitor and recheck as appropriate.
- If a child has a temperature of 38°C or above, notify the family and arrange collection as soon as practicable.
- Keep the child comfortable, offer fluids, remove unnecessary excess clothing and continue close supervision.
- Call 000 if serious symptoms develop or the child's condition deteriorates rapidly.

If a parent is uncontactable, emergency contacts will be contacted. If family members are unable to be contacted and emergency medical assistance is required, the Service will follow the *Administration of First Aid Policy* and contact emergency services

If a child is sent home from the service due to a fever, they must be excluded for a minimum of 24 hours from the time of their last recorded elevated temperature unless a medical clearance is provided from a medical practitioner indicating that the child is fit to return and no signs of an infectious illness

RESPIRATORY SYMPTOMS

Respiratory symptoms may include cough, sneezing, runny or blocked nose and sore throat. A child is not automatically excluded for a mild isolated respiratory symptom if they are otherwise well and able to participate comfortably.

Collection or exclusion should be considered where respiratory symptoms are severe or worsening, the child has difficulty breathing or ongoing distress, several symptoms develop together, or there are additional concerning symptoms such as fever, lethargy, pain, rash or poor feeding.

DIARRHOEA AND VOMITING (GASTROENTERITIS)

Staying Healthy (6th Edition) defines diarrhoea as: frequent passing of loose, watery faeces.

A single loose bowel motion does not, by itself, mean that a child has diarrhoea or require automatic collection.

If a child has one isolated loose bowel motion and is otherwise well, educators will:

- record and monitor the bowel motion and the child's general wellbeing
- consider whether the stool is unusual for that child, including the child's age, usual bowel pattern, diet and any known medical information
- maintain strict hand hygiene, nappy changing/toileting and cleaning practices
- continue to observe for further loose or watery bowel motions or other symptoms.

Parents/guardians must be contacted and collection arranged as soon as possible where the child develops diarrhoea, meaning frequent loose and watery bowel motions occurring within a short period, or where loose stools occur together with vomiting, fever, abdominal pain, lethargy, blood or mucus in the stool, signs of dehydration, or other concerning symptoms.

Any vomiting that is not clearly attributable to a known non-infectious cause must be treated as a potential symptom of gastroenteritis. The family will be contacted and collection arranged as soon as possible.

Children and staff with diarrhoea or vomiting must be excluded until there has been no diarrhoea or vomiting for at least 24 hours. During a gastroenteritis outbreak, exclusion will continue until there has been no vomiting or loose bowel motion for at least 48 hours. If norovirus is confirmed, or a longer exclusion period is directed by the Public Health Unit, the applicable exclusion period must be

followed. Staff who have had diarrhoea or vomiting must not prepare food for others until they have been symptom-free for at least 48 hours.

Staff who have had diarrhoea or vomiting must not prepare food for others until they have been symptom-free for at least 48 hours.

Where two or more children or staff experience diarrhoea and/or vomiting within a short period, the Centre Manager will seek advice from the local Public Health Unit and implement outbreak controls, including enhanced cleaning, case recording and any directed exclusion requirements.

CARING FOR A CHILD AWAITING COLLECTION

A child who is unwell and awaiting collection will be made comfortable and supervised at all times. Where practical, the child will be positioned away from the main group while remaining within sight and hearing of an educator. Educators will offer fluids where appropriate, monitor symptoms and provide reassurance.

Families or emergency contacts are expected to arrange collection as soon as practicable. If the child's condition worsens while waiting, educators will seek medical assistance or call 000 as required.

EXCLUSION AND RETURN TO CARE

The Service will apply exclusion periods in accordance with Staying Healthy (6th Edition), Victorian public health requirements and advice from the local Public Health Unit. Exclusion decisions will be based on the identified illness or symptoms and will not be extended beyond current guidance unless there is a specific health, safety or public health reason.

Medical clearance may be requested where necessary to clarify whether a condition is infectious, where a child has ongoing unexplained symptoms, following significant illness or surgery, or where required by public health advice.

A medical clearance does not override a prescribed exclusion period.

Families must inform the Service when their child has been diagnosed with an infectious disease so that appropriate exclusion, notification and infection-control measures can be implemented.

NOTIFYING FAMILIES

Families will be notified as soon as practicable when their child becomes unwell, is injured or experiences trauma at the Service.

Where collection is required, families must arrange for the child to be collected as soon as practicable by a parent/guardian or authorised emergency contact.

Families will be notified of infectious disease outbreaks where required, while maintaining the privacy of affected children and staff.

Where urgent medical assistance is required, emergency services will be contacted first and the family will be notified as soon as practicable.

RECORDS AND DOCUMENTATION

An Incident, Injury, Trauma and Illness Record must be completed as soon as practicable and within 24 hours where required by the National Regulations. Records must include the circumstances, symptoms or injury observed, action taken, first aid or treatment provided, notifications made and any other prescribed information.

Records are confidential and must be stored and retained in accordance with the Record Keeping and Retention Policy and applicable privacy requirements.

CONTINUOUS IMPROVEMENT/REFLECTION

The *Incident, Injury, Trauma and Illness Policy* will be evaluated and reviewed on an annual basis or earlier if there are changes to legislation, ACECQA guidance or incidences related to child safety or celebration practices. Feedback will be requested from children, families, staff, educators and management and notification of any change to policies will be made to families within 14 days.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
2.2.3	Child Protection Child Safety and Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect. Management, educators and staff are aware of their roles and responsibilities regarding child safety, including the need to identify and respond to every child at risk of abuse or neglect

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS

S. 2A	Paramount consideration - safety, rights and best interests of children
S. 165	Offence to inadequately supervise children
S. 174	Offence to fail to notify the regulatory authority
S. 167	Offence relating to protection of children from harm and hazards
12	Meaning of serious incident
77	Health, hygiene and safe food practices
84	Awareness of child protection law
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
90	Medical conditions policy
93	Administration of medication
95	Procedure for administration of medication
97	Emergency and evacuation procedures
103	Premises, furniture and equipment to be safe, clean and in good repair
104	Fencing
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record
168	Education and care Service must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
172	Notification of change to policies and procedures
175	Prescribed information to be notified to regulatory authority
176	Time to notify certain circumstances to regulatory authority
177	Prescribed enrolment and other documents to be kept by approved provider

183	Storage of records and other documents

SOURCES

Australian Children's Education & Care Quality Authority. (2026). *Guide to the National Quality Framework*

Australian Children's Education & Care Quality Authority. (2025). *Policy and Procedure Guidelines. Incident, Injury, Trauma and Illness Guidelines.*

Australian Government Department of Education. (2022). *Belonging, Being and Becoming: The Early Years Learning Framework for Australia. V2.0.*

BeYou (2024) *Natural disaster Response*

Early Childhood Australia. (2016). *Code of Ethics.*

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011

Health Direct https://www.healthdirect.gov.au/

National Health and Medical Research Council. (2024). *Staying healthy: Preventing infectious diseases in early childhood education and care services. 6th Edition.*

Raising Children Network: https://raisingchildren.net.au/guides/a-z-health-reference/fever

SafeWork Australia: First Aid

REVIEW

POLICY REVIEWED BY	Kelsey Pearce		
POLICY REVIEWED	AUGUST 2026	NEXT REVIEW DATE	MAY 2027
VERSION NUMBER	V22.08.26		
MODIFICATIONS	• Restructured for clarity and reduced duplication • clarified diarrhoea definition and collection criteria • aligned gastroenteritis guidance with Staying Healthy 6th Edition		