

Quality Area 2.2.2 Incident and emergency management: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented

Quality Area 2.2.3 Child Protection: Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

Quality Area 7.1.2 Management Systems: Systems are in place to manage risk and enable the effective management and operation of a quality service.

BERALA JACK & JILL

PRE-SCHOOL



Incidents, Injury, Trauma & Illness

Policy Reviewed: May 2026

Next Review: May 2027

Aim

This policy is guided by the paramount consideration that children's safety, rights and best interests are upheld above all other considerations in all decisions, actions and practices.

Policy Statement

The National Regulations require an accurate Incident, injury, trauma and illness record to be kept and stored confidentially until the child is 25 years old.

Under the national legislation, an education and care service must record details in the Incident, injury, trauma and illness record for the following occurrences:

- an incident in relation to a child;
- an injury received by a child;
- trauma to which a child has been subjected (Trauma may include physical injury, emotional distress or exposure to a distressing event that impacts a child's wellbeing);
- an illness that becomes apparent.

All incidents, including minor injuries, must be recorded to ensure accurate documentation, communication with families, and continuous improvement in risk management practices.

Goals / What are we going to do?

The service recognises that the safety, health and wellbeing of children is the paramount consideration in all responses to incidents, injury, trauma and illness. Policies and procedures must be in place to effectively manage the event of any incident, injury, trauma or illness which occurs at the service. Young children's innate desire to explore and test their growing capabilities is essential in developing wellbeing. Educators must consider their understanding of all of the elements of wellbeing and ensure that programs also acknowledge the importance of risk management to provide a safe environment and reasonably protect children from potential harm.

Strategies / How will it be done?

Incident, injury, trauma and illness report

Details entered in the Incident, Injury, Trauma and Illness Record include the following:

- the name and age of the child;
- the circumstances leading to the incident, injury or trauma, or relevant circumstances surrounding the child becoming ill (including any symptoms);
- the time and date the incident occurred, the injury was received, the child was subjected to the trauma, or the apparent onset of the illness;
- the action taken by the service, including any medication administered, first aid provided or medical personnel contacted;
- details of any person who witnessed the incident, injury or trauma, or the apparent onset of illness;
- the name of any person the service notified, or attempted to notify, of any incident, injury, trauma or illness that a child suffered while being educated and cared for by the service, and the time and date of the notifications/attempted notifications;
- the name and signature of the person making an entry in the record, and the time and date that the entry was made;
- Under Regulation 87(3)(e)(iii) in NSW, incident, injury, trauma and illness records must now also include the name and signature of the person who gave or attempted to give notice of the incident.
- signature of a parent or guardian to verify that they have been informed of the occurrence.

All information will be included in the incident, injury, trauma and illness record as soon as is practicable, but not later than 24 hours after the incident, injury or trauma, or the onset of the illness.

Preventative Strategies

- Consider the planning of the physical environment and experiences, ensuring that the spaces are safe.
- Thoughtfully group children to effectively manage supervision and any potential risks to children's health and wellbeing.
- Respond to children in a timely manner. Providing reassurance and ensuring children's emotional and physical wellbeing is paramount at all times.
- Regularly check equipment in both indoor and outdoor areas for hazards and take appropriate action/s to ensure the safety of the children when a hazard is identified.
- Reviewing the cause of any incident, injury or illness, and taking appropriate action to remove the cause if required.
- Provide staff with access to appropriate up to date information, or professional development on the management of incidents, injury, trauma or illness.
- Maintain high levels of supervision at all times.
- Review supervision plans regularly.

- Following an incident, supervision arrangements will be reviewed and adjusted where required to reduce the likelihood of recurrence. The service will monitor incident records to identify patterns, environmental risks, or repeated occurrences to inform improvements to practice, supervision and environment design.

Roles and Responsibilities

Role	Authority/Responsibility For
Approved Provider	<ul style="list-style-type: none"> • Ensuring that the premises are kept clean and in good repair. • Ensuring that completed medication records are kept until the end of 3 years after the child's last attendance (regulation 92, 183). • Ensuring that a parent/guardian of the child is notified as soon as is practicable, but not later than 24 hours after the occurrence, if the child is involved in any incident, injury, trauma or illness while at the service (regulation 86). • Ensuring that incident, injury, trauma and illness records are kept and stored securely until the child is 25 years old (regulations 87, 183). • Ensuring that there is a minimum of one staff member or one Nominated Supervisor at the service with a current approved first aid, asthma and anaphylaxis management qualification on the premises at all times. • Ensuring that children's enrolment forms provide authorisation for the service to seek emergency medical treatment by a medical practitioner, hospital or ambulance service and transportation of the child by an ambulance service. • Where an incident meets the definition of a serious incident under the Education and Care Services National Regulations, the Approved Provider or Nominated Supervisor will notify the Regulatory Authority within the required timeframe.
Nominated Supervisor	<ul style="list-style-type: none"> • Ensuring that regulatory and legislative responsibilities are met in relation to any incident, injury, trauma or illness. • Maintaining all enrolment and other medical records in a confidential manner. • Regularly checking equipment in both indoor and outdoor areas for hazards, and taking appropriate action to ensure the safety of the children when a hazard is identified. • Reviewing the cause of any incident, injury, trauma or illness and taking appropriate action to remove the cause if required. • Notifying families of the existence of this policy and providing them with access to it. • Providing access to information on children's development, the service program, and relevant health and wellbeing resources from the service. • Allowing input from parents or guardians upon the review of this policy. • Notifying parents or guardians immediately after an incident, injury, trauma or medical emergency, or as soon as is practicable. • Requesting the parents or guardians make arrangements for the child or children involved in an incident or medical emergency to be collected from the service, or informing parents/guardians if an ambulance has been called.

Role	Authority/Responsibility For
	<ul style="list-style-type: none"> • Notifying other person/s as authorised on the child’s enrolment form when the parents/guardians are not contactable. • Incident records may be maintained electronically, ensuring confidentiality, secure storage and accessibility for authorised persons only.
Early Childhood Educators	<ul style="list-style-type: none"> • Ensuring immediate safety of all children • Providing first aid or emergency response as required. • Comfort and reassure the child, supporting their emotional wellbeing. • Recording details of any incident, injury or illness in the Incident, injury, trauma and illness record as soon as is practicable but not later than 24 hours after the occurrence. • Seeking further medical attention for a child if required. • Being aware of the signs and symptoms of illness, injury or trauma. • Being aware of individual children’s allergies and immunisation status and use this knowledge when attending or responding to any incident, injury or illness. • Responding to children showing signs of illness and begin monitoring the symptoms of the child and recording as appropriate. • Educators will notify the Nominated Supervisor or Person in Day to Day Charge and contact will be made with the child’s parents/guardians as soon as practicable.. • In response to a child registering a high temperature, follow the procedure for high temperatures, and complete the Incident, Injury, Trauma and Illness Record as required. • Educators are expected to exercise professional judgement and respond in accordance with service policies, procedures, training and duty of care obligations.
Families	<ul style="list-style-type: none"> • Being informed of policies and procedures upon enrolment with regards to first aid, illness whilst at the service, and exclusion practices, including immunisation status and illnesses at the service. • Informing the service of their child’s particular requirements, and provide any relevant paperwork to the service, such as immunisation status, health plans, allergies etc.

Sources:

Education and Care Services National Law
Education and Care Services National Regulations
NQF Resource Kit. Standard 2.1,
Community Early Learning Australia - CELA
ACECQA – www.acecqa.gov.au

Please refer to these policies:

- First Aid
- Child Safe Environment
- Infectious Disease and Health Related Exclusion
- Medical Conditions
- WHS
- Allergic Reactions and Anaphylaxis