

Background

The safety of children at the service is of utmost priority.

To comply with the Education and Care National Regulations 2011 and the National Quality Standard 2018, Services need well-considered and documented processes so that staff and educators can respond to children's injuries, trauma, and illnesses competently and calmly and in a way that ensures that children are kept safe and/or risk of further harm is reduced.

Policy statement

This policy details how the Service ensures that staff and educators possess the qualifications, knowledge, skills and training to respond to children who are unwell or have been injured, and how it communicates with parents to ensure staff and educators can best respond to their children's identified medical needs.

To this end, the Service recognises the importance of competent first aid in the management of injuries and illnesses, especially among young children. The staff are qualified in first aid and CPR and trained to deal with asthma and anaphylaxis. Information about children's known medical conditions is readily accessible, as is any medication required to manage those conditions

The Service is committed to child safety and recognises the critical importance of **mandatory reporting of incidents involving actual or suspected physical or sexual abuse**. In accordance with the revised **National Quality Framework (effective 1 September 2025)**, any such incidents must be notified to the Regulatory Authority within 24 hours of becoming aware of the incident.

Strategies and practices

1. The *Incident, Injury, Trauma, and Illness Policy* will be kept in the Services policy and procedures folder, accessible to families, educators, students, and volunteers.
2. The health, safety and wellbeing of children is a paramount consideration for our Service. To help prevent incidents, injury, trauma, and illness, we will maintain high levels of supervision at all times and regularly review supervision plans. The Nominated Supervisor and educators develop risk assessments to support children's risky play and experiences whilst maintaining their safety and wellbeing. Refer to the Services Supervision Policy.
3. The Service maintains an up-to-date record of the first aid and CPR status of all educators, together with their anaphylaxis and asthma management training, in its Staffing Tool. The required number of educators with these qualifications always meet regulatory requirements, including on excursions.
4. First aid kits are located so that educators can readily access them in an emergency. A main first aid kit is stored in the office and in the shared prep room on the first level, with smaller first aid kits stored in each prep room and outdoor play area. They are clearly labelled and kept out of the reach of children. A portable first aid kit is available for excursions. The Service maintains a First Aid Contents Checklist as recommended by an approved first aid training provider. The contents of all first aid kits are cleaned, expiry dates checked, and replenished once per month by the Nominated Supervisor or as required. The list is initialed and dated each time the first aid contents are checked on the First Aid Contents Checklist.

5. CPR posters from recognised authorities are displayed in strategic positions throughout the Service including the indoor and outdoor play spaces.
6. The Service maintains records of the name, address and telephone number of each child's parents, persons authorised by the parents to consent to medical treatment or ambulance transportation for the child, and the family doctor. The records are reviewed annually. Parents are required to inform the Service of any changes to these contact details. Records relating to children's Immunisation status is also collected and regularly updated.
7. The Service maintains medical management plans for children with identified medical conditions. These plans are updated every six months for Asthma and annually for anaphylaxis and allergies, or sooner if a change occurs. With parental consent, copies of each child's medical management plan are displayed in strategic places throughout the Service, including food preparation and eating areas. With the child's right to privacy in mind, the plans are not accessible to visitors or other families. The plans are strictly adhered to in any emergency. Refer to the Services Medical Conditions Policy.
8. All children are observed on arrival and any injury noted are recorded on the Injury on Intake Form which is completed and signed by the child's parent to acknowledge their knowledge of the injury on arrival.
9. In the event of a child displaying early symptoms of a childhood illness e.g., temperature, the child will be separated from other children. First aid is administered as appropriate, and the child is made comfortable with their condition closely monitored and recorded on the Illness Record. Parents will be notified and asked to collect their child as soon as possible to obtain medical attention. Refer to the Services Medical Conditions Policy.
10. Should a child become exposed to bodily fluids such as another's saliva or blood e.g., through a bite, the parents will be contacted and advised of the exposure. The incident will be recorded on the Incident, Injury and Trauma Record.
11. In the event of an injury to a child, educators are to follow the Services Injured Child – Management Procedure. The educator is to complete an Incident, Injury and Trauma Record. Parents are to be notified of the injury as soon as practicable and no later than 24 hours after the occurrence. **If the incident involves suspected or actual physical or sexual abuse, the Service must notify the Regulatory Authority within 24 hours.** Parents are asked to sign the record as proof of disclosure of information. If requested, the Service will provide a copy to the parent or authorized person.
12. In the event of an incident with a child relating to that child's identified medical condition, that child's medical management plan must be followed explicitly. An Incident, Injury and Trauma Record is to be completed, and signed by the parent. If requested, the Service will provide a copy to the parent or authorized person.
13. If a child experiences an incident that is considered might happen again e.g., seizure, the Service will document it on an Incident, Injury and Trauma Record, and on a Medical Conditions Management Plan and the parents will be asked to seek medical advice.
14. In the event of a traumatic incident occurring, educators are to follow the Services Trauma Management Procedure. The educator is to complete an Incident, Injury and Trauma Record. Parents are to be notified of the incident as soon as practicable and no later than 24 hours after the occurrence. **If the incident involves abuse (physical or sexual), the Regulatory Authority must also be**

notified within 24 hours, even if no formal disclosure is made by the child. Parents are asked to sign the record as proof of disclosure of information. If requested the Service will provide a copy to the parent or authorized person.

15. In the event of an incident occurring the educator assisting the child/ren will be replaced by the Nominated Supervisor, Responsible Person or educator not currently caring for children, to ensure supervision levels are maintained.
16. If requested families may be provided with a photocopied version of their child's incident reports at any time.
17. In the event of a child not breathing, educators are to follow the Non-Responsive Child/Person Procedure.
18. The person who collects the child from the Service signs out using the kiosk registering the person's name and the time of collection.
19. Educators regularly check that all children who have been collected by their parents have been signed out. If a child has not been signed out, and an educator(s) is aware that the child has left the Service safely, educators sign the child out as soon as the issue is noted. Parents will be reminded, when the child next attends, to confirm the entry.
20. If it is discovered that a child is **not** in the Service, **not** signed out, and educators are **unsure** of their departure (i.e., missing), the family will be contacted immediately to confirm the child's whereabouts. If the child is not in the family's care, the Service will seek immediate advice from the Police then notify the Regulatory Authority within 24 hours. Refer to the Services Delivery and Collection of Children Policy.
21. If a child has been removed from the service in a manner that contravenes the National Regulations or is mistakenly locked in or locked out of the Service's premises or any part of the premises, the Service will seek immediate advice from the Police then notify the Regulatory Authority within 24 hours of a serious incident (Section 174(2)(a) and Regulation 176(2)(a).
22. At all times our educators act with the utmost care and consideration. In the event of the incident, injury, trauma or illness, the Nominated Supervisor and educators will carefully consider if there is a need for emergency services to be contacted.
23. After the event of an incident, injury, trauma, or illness a reflective review process is undertaken, where actions to remove or rectify detected hazards or causes of harms are identified. If required a risk assessment is developed.
24. Staff are to inform the Nominated Supervisor as soon as possible if they have an accident or are injured at work. The staff member will be asked to complete a Staff Incident Report Form for the Services records. If the staff member seeks medical advice, this information should be added to the record. The staff member is also required to notify the Nominated Supervisor of any application for WorkCover, and to keep the Nominated Supervisor informed of any progress.
25. The Regulatory Authority is notified of any serious incident such as: -
 - a. Death of a child while being cared for or educated by the Service
 - b. Death of a child following an incident occurring while being educated and cared for
 - c. Injury, serious illness, or trauma to a child requiring the attention of a registered medical practitioner or admission to a hospital

- d. A child appears to be missing or otherwise cannot be accounted for
- e. A child mistakenly locked in or out of the Service
- f. A child appears to have been taken or removed from the Service
- g. Any incident requiring attendance by emergency services
- h. Any incident involving **alleged or suspected physical or sexual abuse** of a child, whether disclosed by the child, observed by staff, or suspected based on behaviour or other indicators.

The Regulatory Authority is notified in the event of an incident that requires the service to close or reduce the number of children attending for a period, to ensure the safety and wellbeing of children. Events include natural disasters such as floods, or fires, or repairs to be undertaken.

Additional safe practices for babies

- To ensure staff are regularly reminded about and trained in the specialised responses to any emergency involving a baby.

Responsibilities of parents

- To ensure their own contact details and those of any persons authorised by the parents to consent to medical treatment or ambulance transportation details are accurate, complete, and up to date.

Roles and Responsibilities

Roles	Responsibilities
Approved Provider	<ul style="list-style-type: none"> • Ensure that obligations under the Education and Care Services National Law and National Regulations are met • Ensure that an enrolment record is kept for each child which contains all the prescribed information • Confidentially storing an incident, injury, trauma and illness record until the child is 25 years old • Record information as soon as possible, and within 24 hours, after the incident, injury, trauma or illness • Ensure that a parent/guardian 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 regulatory authority of a serious incident using the NQAITS SI01 Notification of Serious Incident record template • Ensure that any incident involving physical or sexual abuse (suspected or actual) is reported to the Regulatory Authority within 24 hours of becoming aware, as per the NQF Amendment effective 1 September 2025. • Ensure that at least one educator, staff member or nominated supervisor holding a current approved first aid qualification and has undertaken current approved anaphylaxis management and emergency asthma management training is present at the Service • Take reasonable steps to ensure that nominated supervisors, educators, staff and volunteers follow the policy and procedures • Ensure copies of the policy and procedures are readily accessible to

Incident, Injury, Trauma and Illness

	<p>nominated supervisors, educators, staff and volunteers, and available for inspection</p> <ul style="list-style-type: none"> • Notify families at least 14 days before changing the policy or procedures if the changes will: <ul style="list-style-type: none"> - 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/Responsible Person	<ul style="list-style-type: none"> • Implement the incident, injury, trauma and illness policy and procedures • Investigate the cause of any incident, injury or illness and take appropriate action to remove the cause if required • Contact emergency services in the first instance then notify parents/guardians immediately after a serious incident, injury, trauma or medical emergency, or as soon as is practicable, but no later than 24 hours after the incident, injury, trauma or illness • Ensure each child's enrolment record includes: <ul style="list-style-type: none"> - The name, address and contact details of each parent, any person who is to be notified of an emergency if a parent cannot be immediately contacted, and any person who is an authorised nominee - Authorisation for the approved provider, nominated supervisor or educator to seek medical treatment from a registered medical practitioner, hospital or ambulance service and, if required, transportation by an ambulance service - The name, address and telephone number of their registered medical practitioner or medical service - If available, their Medicare number - Details of any specific healthcare needs, including any medical condition - Details of any allergies, including whether they have been diagnosed as at risk of anaphylaxis - Any medical management plan, anaphylaxis medical management plan or risk minimisation plan to be followed with respect to a specific healthcare need, medical condition or allergy - Their immunisation status, and a notation if their health record has been sighted
Educators	<ul style="list-style-type: none"> • Record information as soon as possible, and within 24 hours after the incident, injury, trauma or illness • Seek further medical attention if required after the incident, injury, trauma or illness • Ensure that two people are present any time medication is administered to children • Be aware of children with allergies and medical conditions and their attendance days, and apply this knowledge when attending to any incident, injury, trauma or illness • Complete an incident, injury, trauma and illness record

	<ul style="list-style-type: none"> • Keep incident, injury, trauma and illness record confidential and store until the child is 25 years old
Families	<ul style="list-style-type: none"> • Provide authorisation in the child's enrolment form for the approved provider, nominated supervisor or an educator to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and, if required, transportation by an ambulance service • Notify the service upon enrolment of any specific health care needs of the child, including any medical conditions and allergies and any medical management plans that need to be followed • Ensure any medical management plans at the service are kept up to date • Collect the child as soon as possible when notified of an incident, injury, trauma or illness • Notify the service of any infection disease or illness that has been identified when the child has been absent from the service, that may impact the health and wellbeing of other children, educators, staff or other attending the service • Be contactable, either directly or through emergency contacts listed on the enrolment form, in the event of an incident requiring medical attention • Notify educators or staff 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 • Notify educators or staff when the child is ill and will be absent from their regular program

Procedure and forms

- DRSABCD Action Plan Poster
- First Aid Contents Checklist
- Illness Record
- Incident, Injury and Trauma Record
- Injury on Intake Form
- Medical Conditions Management Plan
- Medical Management Plan
- Staffing Tool
- Supervision Guidelines
- Reporting Infectious Diseases Procedure
- Missing Child Procedure
- Child Protection Procedure
- Illness Management Procedure
- Head Injury Guide and Procedure
- Child Collection Procedure
- Administration of Medication Procedure
- Administration of First Aid Procedure
- Acceptance and Refusal Procedure
- Non-Responsive Child-Person Procedure
- Trauma Management Procedure

Links to other policies

- Acceptance and Refusal of Authorisations Policy
- Death of a Child Policy
- Enrolment and Orientation Policy
- Excursion Policy
- Evacuation and Lockdown Policy
- Handwashing Policy
- Management of Infectious Diseases Policy
- Medical Conditions Policy
- Supervision Policy

Links Education and Care Services National Regulations 2023, National Quality Standard 2011

Regs	12	Meaning of serious incident
	77	Health, hygiene and safe food practices
	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
	94	Exception to authorisation requirement – anaphylaxis or asthma emergency

	95	Procedure for administration of medication
	97	Emergency evacuation procedures
	136	First Aid qualifications
	146	Nominated supervisor
	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 or procedures
	177	Prescribed enrolment and other documents to be kept by approved provider
	183	Storage of records and other documents

QA	2.1.1	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation
	2.1.2	Effective illness and injury management and hygiene practices are promoted and implemented
	2.2.2	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
	7.1.2	Systems are in place to manage risk and enable the effective management and operation of a quality service

Sources

- Education and Care Services National Regulations 2023
- Guide to the National Quality Standard 2024

Further reading and useful websites

- Kidsafe – <http://www.kidsafe.com.au/> accessed 24 June 2025
- St John. *First Aid Factsheets*. <https://stjohn.org.au/first-aid-facts> accessed 24 June 2025
- The Royal Children's Hospital Melbourne – https://www.rch.org.au/kidsinfo/fact_sheets/ accessed 24 June 2025
- ACECQA. (2017). *Key changes to notifications, incidents and complaints from 1 Oct 2017**. <https://www.acecqa.gov.au/sites/default/files/2018-10/KeyChangesNotificationComplaints.pdf> accessed 24 June 2025
- ACECQA. *Reporting requirements about children*. <http://www.acecqa.gov.au/reporting-requirements-about-children> accessed 24 June 2025

Key Terms

Term	Meaning	Source
ACECQA – Australian Children’s Education and Care Quality Authority	The independent national authority that works with all regulatory authorities to administer the National Quality Framework, including the provision of guidance, resources and services to support the sector to improve outcomes for children.	ACECQA. (2017). <i>Key changes to notifications, incidents and complaints from 1 Oct 2017*</i> . https://www.acecqa.gov.au/sites/default/files/2018-10/KeyChangesNotificationComplaints.pdf accessed 29 September 2022 ACECQA. <i>Reporting requirements about children</i> . http://www.acecqa.gov.au/reporting-requirements-about-children accessed 29 September 2022
Approved Anaphylaxis Management Training	Anaphylaxis management training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website.	National Regulations (Regulation 136)
Approved Emergency Asthma Management Training	Emergency asthma management training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website.	National Regulations (Regulation 136)
Approved First Aid Qualification	A qualification that includes training in the matters set out below, the relates to and is appropriate to children and has been approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website. Matters are likely to include: Emergency life support and cardio-pulmonary resuscitation; convulsions; poisoning; respiratory difficulties; management of severe bleeding; injury and basic wound care; and administration of an auto-immune adrenalin device.	National Regulations (Regulation 136)

Incident, Injury, Trauma and Illness

Emergency	An incident, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of a person at the service. For example, a flood, fire or a situation that requires the service premises to be locked down.	Guide to the NQF (Operational Requirements – Quality Area 7)
Emergency Services	Included ambulance, fire brigade, police and state emergency services.	https://info.australia.gov.au/information-and-services/public-safety-and-law/emergency-services
First Aid	Is the immediate treatment or care given to a person suffering from an injury or illness until more advanced care is provided or the person recovers. First aid training should be delivered by approved first aid providers, and a list is published on the ACECQA website: https://www.acecqa.gov.au/qualifications/requirements/first-aid-qualifications-training	https://www.safeworkaustralia.gov.au/system/files/documents/1705/mcop-first-aid-in-workplace-v1.pdf
Hazard	A source of potential harm or a situation that could cause or lead to harm to people or property. Work hazards can be physical, chemical, biological, mechanical or psychological.	https://www.echr.edu.au/docs/default-source/resources/ipsp/work-health-and-safety-in-education-and-care-services.pdf?sfvrsn=8
Injury	Any physical damage to the body caused by violence or an incident.	
Medication	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 (www.tga.gov.au)	National Regulations (Regulation 90)
Medical attention	Includes a visit to a registered medical practitioner or attendance at a hospital.	Acecqa.gov.au
Medical emergency	An injury or illness that is acute and poses an immediate risk to a person's life or long-term health.	
Medical Management Plan (MMP)	A document that has been written and signed by a doctor. A MMP includes the child's name and photograph. It also describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition.	National Regulations (Regulation 90)
Minor Incident	An incident that results in an injury that is small and does not require medical attention.	

Incident, Injury, Trauma and Illness

Notifiable Incident	<p>Any incidents that seriously compromise the health, safety or wellbeing of children. The notification needs to be provided within 24 hours of a serious incident, online through the NQA ITS.</p> <p>In Queensland, incidents are notifiable to Workplace Health and Safety Queensland (https://www.worksafe.qld.gov.au) if they arise out of the conduct of a business or undertaking and result in the death, serious injury or serious illness of a person, or involve a dangerous incident.</p>	<p>https://www.acecqa.gov.au/newsletters/acecqa-newsletter-issue-11-2015</p>
Serious Incident	<p>For the purposes of the definition of serious incident in section 5(1) of the Law, each of the following is prescribed as a serious incident:</p> <ul style="list-style-type: none"> (a) The death of a child – <ul style="list-style-type: none"> (i) While that child is being educated and cared for by an education and care service; or (ii) Following an incident occurring while that child was being educated and cared for by an education and care service; (b) Any incident involving serious injury or trauma to a child occurring while that child is being education and cared for by an education and care service – <ul style="list-style-type: none"> (i) Which a reasonable person would consider required urgent medical attention from a registered medical practitioner; or (ii) For which the child attended, or ought reasonably to have attended, a hospital; (c) Any incident involving serious illness of a child occurring while that child is being educated and cared for by an education and care service for which the child attended, or ought reasonably to have attended a hospital; (d) Any emergency for which emergency services attended; (e) Any circumstance where a child being educated and cared for by an education and care service – <ul style="list-style-type: none"> (i) Appears to be missing or cannot be accounted for; or (ii) Appears to have been taken or removed from the education and care service premises in a manner 	<p>National Regulations (Regulation 12)</p>

Incident, Injury, Trauma and Illness

	that contravenes these Regulations; or (iii) Is mistakenly locked in or locked out of the education and care service premises or any part of the premises.	
Suspected Abuse (Physical or Sexual):	Any incident, observation, or disclosure that raises concerns a child may have been subjected to abuse. This includes verbal disclosures, behavioural indicators, physical signs, or concerning interactions. Such incidents must be treated as serious and reported to the Regulatory Authority within 24 hours.	<u>Source: ACECQA NQF Updates September 2025</u>
Trauma	Is when a child feels intensely threatened by an event he or she is involved in or witnesses.	<u>https://www.nctsn.org/what-is-child-trauma/trauma-types/early-childhood-trauma</u>

Policy review

The Service encourages staff and parents to be actively involved in the annual review of each of its policies and procedures. In addition, the Service will accommodate any new legislative changes as they occur, and any issues identified as part the Service's commitment to quality improvement. The Service consults with relevant recognised authorities as part of the annual review to ensure the policy contents are consistent with current research and contemporary views on best practice.

Version Control

Version	Date Reviewed	Approved By	Comments/Amendments	Next Review Date
1	8 January 2018	Kaylene Harper	Updated to changed NQF requirements 1 February 2018.	January 2019
2	6 February 2019	Kaylene Harper	Accessed sources and further reading/useful websites.	February 2020
3	30 January 2020	Kaylene Harper	Accessed sources and further reading/useful websites.	January 2021
4	25 September 2020	Kaylene Harper	Reviewed policy. Accessed sources and further reading/useful websites.	September 2021
5	21 October 2020	Kaylene Harper	Reviewed policy. Added key terms and roles and responsibilities in line with Queensland Government Policy and Procedure Guidelines	October 2021
6	15 February 2021	Kaylene Harper	Reviewed policy.	February 2022
7	18 February 2021	Kaylene Harper	Reviewed policy.	February 2022
8	9 September 2021	Kaylene Harper	Reviewed Policy	September 2022

Incident, Injury, Trauma and Illness

9	29 September 2022	Linda Hollard	Reviewed policy	September 2023
10	23 August 2023	Grace McKinstry	Reviewed Policy. Accessed sources and further reading.	August 2024
11	1 July 2024	Tiffany Boeske	Reviewed policy Accessed sources	July 2025
12	24 June 2025	Kaylene Harper	Updated to reflect NQF Child Safety Changes from 1 September 2025, including 24-hour reporting of physical/sexual abuse incidents	June 2026