

Children's Health & Safety

Incident, Injury, Trauma and Illness Policy.

Our Vision.

To give every child the best start in life.

Our Mission.

To deliver high quality childcare and exciting learning opportunities for every child, giving them a head start as they prepare for school.

Our Values.

- | | |
|---------|--|
| Care | We take care of the children entrusted to us and our dedicated staff. All are appreciated and diversity is valued. |
| Quality | We maintain the highest standards in care and safety and provide exceptional early years education. |
| Service | We provide exceptional service and are integral to supporting parents bringing up children. |
| Value | We provide outstanding value for our families. |



NATIONAL QUALITY STANDARDS (NQS)	
QUALITY AREA 2 – Children's Health and Safety	
2.1 - Health	2.1.2 – Health Practices and Procedures
2.2 - Safety	2.2.1 - Supervision
	2.2.2 – Incident and Emergency Management
	2.2.3 – Child Protection
QUALITY AREA 4 – Staffing Arrangements	
4.2 – Professionalism	4.2.2 – Professional Standards
QUALITY AREA 7 – Governance and Leadership	
7.1 - Governance	7.1.2 – Management Systems
7.2 - Leadership	7.2.3 – Development of Professionals

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
Part 6	Operating an Education and Care Service (Law – 167, 174)
Part 4.2	Children's Health and Safety (Reg – 12, 77, 85, 86, 87, 88, 89, 93, 95, 97)
Part 4.3	Physical Environment (Reg 103, 104)
Part 4.7	Governance and Leadership (Reg – 161, 162, 168, 170, 171, 176, 177, 183)

RELATED POLICIES	
Administration of Medication Policy	Health and Hygiene Policy
Child Enrolment and Orientation Policy	Infectious Disease and Immunisation Policy
Child Protection and Safeguarding Policy	Medical Conditions Policy
Child Safe Environment	Record Keeping and Retention Policy
Confidentiality and Privacy Policy	Supervision Policy
Delivery and Collection of Children Policy	Work Health and Safety Policy
First Aid Policy	

PURPOSE

Busy Bees employees have a duty of care to respond to and manage illnesses, accidents, incidents, and trauma that may occur at the Service to ensure the safety and well-being of children, employees and visitors. This policy will guide employees in managing illness, preventing injury, and stopping the spread of infectious diseases, and provide guidance on the required actions to be taken in the event of an incident, injury, trauma, or illness occurring while a child is being educated and cared for.

We acknowledge that in early education and care services, illnesses and diseases can spread easily from one child to another, even when recommended hygiene and infection control practices are implemented. Busy Bees aims to minimise illnesses by adhering to all recommended guidelines from relevant government authorities regarding the prevention of infectious diseases and adhere to exclusion periods recommended by public health units.

Services will ensure that records of any incidents, injury, trauma or illness are documented appropriately and adequately and transmitted to the family and regulatory authority as required, and stored according to legislative. The National Regulations require that these records be kept until the child is 25 years old.

SCOPE

Children, Employees, Management, Visitors, Students, Volunteers and Families

POLICY

Busy Bees implements risk management planning to identify any possible risks and hazards within our learning environment and practices. Where possible, we have eliminated or minimised these risks as is reasonably practicable.

We are committed to minimising the spread of infectious diseases by implementing recommendations provided by the Australian Government- Department of Health and Safe Work Australia.

During a pandemic, risk mitigation measures may be implemented to manage the spread of the virus, as guided by the Department of Health authorities.

Busy Bees implements procedures as stated in the Staying healthy: Preventing infectious diseases in early childhood education and care services (Sixth Edition) developed by the Australian Government National Health and Medical Research Council as part of our day-to-day operation of the Service.

We are guided by explicit decisions regarding exclusion periods and notification of any infectious disease by the Australian Government- Department of Health and local Public Health Units in our jurisdiction under the Public Health Act.

Serious Incident, Injury or Trauma

In the event of any child, employee, volunteer or contractor having an accident at the Service, an employee who has a First Aid Certificate will attend to the person immediately.

Adequate supervision will be provided to all children, and procedures as per our Administration of First Aid Policies and procedures will be adhered to by all staff.

Any workplace incident, injury or trauma will be investigated, and records kept as per WHS legislation and guidelines.

Incident, Injury, Trauma and Illness Record

An Incident, Injury, Trauma and Illness record contains details of any incident, injury, trauma or illness that occurs while the child is being educated and cared for at the service. The record will include:

- name and age of the child
- circumstances leading to the incident, injury, or illness
- time and date the incident occurred, the injury was received, or the child was subjected to trauma
- details of any illness which becomes apparent while the child is being cared for, including any symptoms, time and date of the onset of the illness
- details of the action taken by the service, including any medication administered, first aid provided, or medical professionals contacted
- details of any person who witnessed the incident, injury or trauma
- names of any person the service notified or attempted to notify, and the time and date of this
- name and signature of the person making the entry, and the time and date the record was made

Employees are required to complete documentation of any incident, injury or trauma that occurs when a child is being educated and cared for by the Service. This includes recording incidences of biting, scratching, dental or mouth injury. Due to Confidentiality and Privacy laws, only the name of the child injured will be recorded on the Incident, Injury, Trauma or Illness Record. Any other child/ren involved in the incident will not have their names recorded. If other children are injured or hurt, separate records will be completed for each child involved in the incident. All Incident, Injury, Trauma and Illness Records must be kept until the child is 25 years of age. For instances where the record relates to child sexual abuse that has, or is alleged to have occurred, records are to be kept for at least 45 years.

Definition of Serious Incident as per Education and Care Services National Regulations

Regulations require the Approved Provider or Nominated Supervisor to notify Regulatory Authorities within 24 hours of any serious incident at the Service through the NQA IT System.

Meaning of serious incident (as per Regulation 12)

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—

- (a) the death of a child—
 - (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 educated and cared for by an education and care service—
 - (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;

Example.

A broken limb.

- (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;

Example.

Severe asthma attack, seizure or anaphylaxis reaction.

- (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—
- (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 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.

A serious incident should be documented as an incident, injury, trauma and illness record as soon as possible and within 24 hours of the incident, with any evidence attached.

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. Therefore, any knock to the head is considered a head injury and should be assessed by a doctor. In the event of any head injury, the Centre Director will assess the child, administer any urgent First Aid and notify parents/guardians to collect their child.

Emergency services will be contacted immediately on 000 if the child:

- loses consciousness
- seems unwell or vomits several times after hitting their head

For all injuries above the shoulders, including the head, sustained by a child in our care no matter how small, and even if there are no visible bumps or marks, a phone call must be made to the Parent/Guardian at the time of the incident and an incident form needs to be completed on the day.

Contact the parent the following day to ascertain the health of the child and if medical attention was sourced.

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.

Employees 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:

- 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.

The Approved Provider is responsible for notifying the Regulatory Authority of a serious incident within 24 hours of the incident occurring.

Trauma

Trauma is defined as the impact of an event or a series of events during which a child feels helpless and pushed beyond their ability to cope. There are a range of different events that might be traumatic to a child, including accidents, injuries, serious illness, natural disasters (bush fires), assault, and threats of violence, domestic violence, neglect or abuse and war or terrorist attacks. Parental or cultural trauma can also have a traumatising effect on children. This definition firmly places trauma into a developmental context:

“Trauma changes the way children understand their world, the people in it and where they belong.” (Australian Childhood Foundation, 2010).

Trauma can disrupt the relationships a child has with their parents and staff who care for them. It can transform children's language skills, physical and social development and the ability to manage their emotions and behaviour.

Behavioural response in babies and toddlers who have experienced trauma may include:

- Avoidance of eye contact
- Loss of physical skills such as rolling over, sitting, crawling, and walking
- Fear of going to sleep, especially when alone
- Nightmares
- Loss of appetite
- Making very few sounds
- Increased crying and general distress
- Unusual aggression
- Constantly on the move with no quiet times
- Sensitivity to noises.

Behavioural responses for pre-school aged children who have experienced trauma may include:

- new or increased clingy behaviour such as constantly following a parent, carer or staff around
- anxiety when separated from parents or carers
- new problems with skills like sleeping, eating, going to the toilet and paying attention
- shutting down and withdrawing from everyday experiences
- difficulties enjoying activities
- being jumpier or easily frightened
- physical complaints with no known cause such as stomach pains and headaches
- blaming themselves and thinking the trauma was their fault.

Children who have experienced traumatic events often need help to adjust to the way they are feeling. When parents and staff take the time to listen, talk, and play they may find children begin to say or show how they are feeling. Providing children with time and space lets them know you are available and care about them.

It is important for employees to be patient when dealing with a child who has experienced a traumatic event. It may take time to understand how to respond to a child's needs and new behaviours before parents and staff are able to work out the best ways to support a child. It is imperative to realise that a child's behaviour may be a response to the traumatic event rather than just 'naughty' or 'difficult' behaviour.

Employees can assist children dealing with trauma by:

- observing the behaviours and expressed feelings of a child and documenting responses that were most helpful in these situations
- creating a 'relaxation' space with familiar and comforting toys and objects children can use when they are having a difficult time, or having quiet time, such as reading a story about feelings together
- trying different types of play that focus on expressing feelings (e.g. drawing, playing with play dough, dress-ups and physical games such as trampolines)
- helping children understand their feelings by using reflective statements (e.g. 'You look sad/angry right now. I wonder if you need some help?').

There are several ways for parents and staff to reduce their own stress and maintain awareness, so they continue to be effective when offering support to children who have experienced traumatic events.

Strategies to assist families and staff to cope with children's stress or trauma may include:

- taking time to calm yourself when you have a strong emotional response. This may mean walking away from a situation for a few minutes or handing over to another staff member if possible
- planning ahead with a range of possibilities in case difficult situations occur
- remembering to find ways to look after yourself, even if it is hard to find time. Taking time out helps adults be more available to children when they need support
- using supports available to you within your relationships (e.g., family, friends, colleagues)
- identifying a supportive person to talk to about your experiences. (e.g., family doctor or another health professional)
- accessing support resources- BeYou, Emerging Minds.

Living or working with traumatised children can be demanding, so all employees need to be aware of their own responses and seek support from management when required.

Identifying Signs and Symptoms of Illness

Busy Bees employees and management are not doctors and are unable to diagnose an illness or infectious disease. To ensure the symptoms are not infectious and to minimise the spread of an infection, medical advice may be required to ensure a safe and healthy environment.

Children who appear unwell whilst at the Service will be closely monitored, and if any symptoms of illness are noticed, or the child is not well enough to participate in normal activities, parents or an authorised emergency contact person will be contacted to collect the child as soon as possible.

Employees will respond to the child's individual symptoms and provide comfort and care. They will closely monitor the child, focusing on how the child looks and behaves, and be alert to the possibility of vomiting, coughing or convulsions. A child who is displaying symptoms of a contagious illness or virus (vomiting, diarrhoea, fever etc.) will be moved away from the rest of the group and supervised until a parent or authorised emergency contact person collects them. Emergency services will be contacted should the child have trouble breathing, become drowsy or unresponsive or suffer a convulsion.

As per this illness policy, Busy Bees reserve the right to refuse a child into care if they:

- are unwell and unable to participate in normal activities or require additional attention
- have had a temperature/fever, or vomiting in the last 24 hours
- have had diarrhoea in the last 48 hours
- have been given medication for a temperature prior to arriving at the Service
- have started a course of antibiotics in the last 24 hours or
- have a contagious or infectious disease

Fevers or High Temperatures

Children get fevers or temperatures for all kinds of reasons. Most fevers and the illnesses that cause them last only a few days. However sometimes a fever will last much longer and might be the sign of an underlying chronic or long-term illness or disease. Recognised authorities suggest the normal temperature for a child is up to 38°C.

Any child with a high fever or temperature reaching 38°C or higher will not be permitted to attend the Service until 24 hours after the fever/temperature has subsided.

Families will be notified for fevers over 38°C. 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 where required.

To try and reduce a child's temperature employees will encourage them to drink plenty of water (small sips), unless there are reasons why the child is only allowed limited fluids, remove excessive clothing (shoes, socks, jumpers, pants etc.). Employees will be mindful of cultural beliefs and maintaining the child's dignity.

Employees will complete an Incident, Injury, Trauma and Illness Record and note down any other symptoms that may have developed along with recording the temperature reading/s while monitoring the child.

Paracetamol

Incident, Injury, Trauma and Illness Policy



Busy Bees does not consider paracetamol to be a routine or emergency medication. It will not be administered to keep a child in care or to mask symptoms of illness. Paracetamol may only be administered under strictly limited circumstances, where a child presents with a high fever (above 38.5°C) and is visibly unwell, the Parent/Guardian cannot attend within the required timeframe, and appropriate consent and authorisation are in place.

Administration will be restricted to a single, age-appropriate dose, documented in accordance with the Administration of Medication Policy and related procedures. The child must still be collected from the Service as soon as practicable and excluded from care for the remainder of the day.

Dealing with a Colds/Flu

Colds are the most common cause of illness in children and adults and are caused by many different viruses that affect the ears, nose and throat. There is no specific treatment for the common cold, however, rest, extra fluids, and comforting are important. Refer to the current Staying Healthy in Childcare publication for the full fact sheet on managing common colds.

Management has the right to send children home if they appear unwell due to a cold or general illness. Children can become distressed and lethargic when unwell. Discharge coming from the children's nose and coughing, can lead to germs spreading to other children, employees, toys and equipment. Management will assess each individual case prior to excluding the child.

Documenting Symptoms of an Illness

Documenting symptoms is crucial to the success of monitoring an illness, especially when the conditions change, and the child becomes increasingly unwell. Records are an important way of communicating to a family how their child's illness has developed or been managed by employees.

Paramedics, medical practitioners, and hospitals may use the information collected from employees to diagnose an illness. For example, by documenting a child's temperature every 15 minutes' assists employees to determine how quickly the temperature is rising and the possible severity of the illness.

Employees are to record the symptoms of an illness on an Incident, Injury, Trauma and Illness Record. The National Regulations require that these records are kept until the child is 25yrs old.

Notifying Family or Emergency Contacts when an Illness is Present

In the event of a child displaying symptoms of an illness requiring exclusion, employees are to;

- Notify the responsible person in charge
- Children and employees are to be excluded from the Service
- Informing other families and stakeholders of an infectious disease is only to be done after a formal diagnosis from a doctor is received
- In the event of not being able to contact a parent or emergency contact, employees are to follow steps as guided by a medical practitioner and/or the responsible person in charge who has up to date first aid qualifications

Exclusion

Excluding sick children and employees is one of the three most important ways of limiting the spread of infection in a education and care service. Often children are unwell with the common cold (coughing, runny nose, and a slight temperature) but do not display symptoms of an infectious illness that requires exclusion.

Although the exclusion of a child may place added pressure on parents and families with work commitments, employees must ensure the Health and Safety of all others utilising the Service, and therefore, a doctor's clearance letter for any child with illness symptoms will be required in line with Staying Healthy guidelines.

Management/Nominated Supervisor/Responsible Person will ensure:

- Service policies and procedures are adhered to and followed at all times
- Incident, Injury, Trauma and Illness Records are completed accurately and without deferral
- Parents or guardians are notified as soon as practicable, no later than 24 hours of the incident, injury, trauma or illness occurring
- First Aid kits are fully stocked, easily accessible and recognised where children are present at the Service and during excursions
- First Aid, anaphylaxis management training and asthma management training is current and updated for all employees
The ACECQA approved course is HLTAID012 Provide First Aid in an education and care setting and to maintain current CPR HLTAID0009

Incident, Injury, Trauma and Illness Policy

- First aid qualified employees are present at all times on the roster and in the Service
- Employees qualifications are displayed where they can be easily viewed by all employees, families & authorities
- Adults and children who are ill are excluded from the Service for the recommended minimum exclusion periods as guided by Staying Healthy 6th Edition - Preventing infectious diseases in early childhood education and care Services
- Children are excluded from the Service if they feel the child is too unwell to be at the Service (follow list above)
- Employees practise cough and sneeze etiquette and hand hygiene
- Appropriate cleaning practices are followed
- Employees who are unwell are not to prepare food for others and to advise Service Manager/Responsible Person in Charge and advise them of the situation
- Hot and cold food is stored at the temperature outlined in the Services Food Safety Program
- That if the incident, situation, or event presents imminent or severe risk to the health, safety and wellbeing of any person present at the Service or if an ambulance was called in response to the emergency (not as a precaution) the Regulatory Authority will be notified within 24 hours of the incident via Notification of a Serious Incident through the ACECQA NQAITS portal. Contacting the Area Manager to assist with the lodgement of an SI01
- Signed parental/ guardian authorisation for emergency medical/hospital/ambulance service is kept on file upon enrolment
- Parents / guardians are notified of any infectious diseases circulating the Service within 24 hours of detection
- An up-to-date Incident, Injury, Trauma and Illness Register is maintained

Employees will ensure:

- Children are supervised at all times
- The environment is safe in order to prevent any possible harm to a child/children
- Service policies and procedures are adhered to
- Incident, Injury, Trauma and Illness Records are completed accurately and without deferral
- Parents or guardians are notified as soon as practicable, no later than 24 hours of the incident, injury, trauma or illness occurring
- That for all injuries above the child's shoulder a call to the parent is made at the time of the incident
- Make a follow up call to the family on the day of, or the day after an injury or if sent home due to illness to check if medical treatment was sought.
- For serious injuries parents will be notified immediately, whilst an employee is with the injured person. At no time should a person requiring first aid be left alone
- It is a duty of care that all employees contact the appropriate authorities concerning serious incidents, as per the Serious Incident flowchart/process
- Risk assessments are to be completed for activities that are participated in within the education and care service as well as any excursions taken. When considering risk assessments think of hotspots for incidents or injury in all possible environments
- Remove any items/equipment that could cause harm and report any problems with equipment/fixtures/building immediately to the Nominated Supervisor/ responsible person in charge and record their concerns on the Maintenance Register. If this is a medium to high risk, remove harm or manage the chances of harm to reduce injury
- First Aid Qualifications (HLTAID012 Provide First Aid in an education and care setting) are current and up to date and to maintain current CPR HLTAD009
- First Aiders are responsible to appropriately administer first aid to children, other employees, volunteers and visitors
- Employees are to ensure that all persons who enter the Service are cared for with utmost respect. This could mean removing the person to another area or relocating children to other areas for the privacy of the injured person requiring first aid treatment. Employees cannot perform first aid on others if their qualifications are not current
- That all appropriate forms are completed and presented to Nominated Supervisor or responsible person in charge to sign at the time of the incident, illness or injury and before the parent/guardian signs it
- That the Service is safe, clean, and tidy to eliminate the risk of incidents, illness and injury to all persons who enter the premises. Team Members who require first aid assistance must report injury, incident or illness to the Nominated Supervisor or the responsible person immediately and complete an Incident, Injury, Trauma and Illness Record
- Advise parent/guardian that children who are ill are excluded from the Service for the recommended minimum exclusion periods as guided by Staying Healthy 5th Edition - Preventing infectious diseases in early childhood education and care services

Incident, Injury, Trauma and Illness Policy.



- Practice effective hand hygiene techniques
- Teach children about cough and sneeze etiquette
- Ensure that appropriate cleaning practices are being followed in the Service at all times
- Disinfect toys and equipment on a regular basis

Responsibilities of Family:

- Keep the child at home until they are feeling well
- Inform the service if they seek medical treatment for the child following an illness or injury as soon as practical
- Encourage cough and sneeze etiquette and hand hygiene at home
- Avoid contact between your child and other children, or frail and elderly people, until they are feeling well

For all injuries and illnesses to a child, visitor, or employee, or in the event of Serious Injury or Death, follow the processes on Process Manager.

SOURCES

[ACECQA](#)

[National Quality Standard](#)

[Education and Care services National Regulations](#)

[Education and Care Service National Law Act 2010](#)

[Early Childhood Australia](#)

[Staying Healthy: 6th Edition Preventing infectious disease in childcare](#)

[Australian Government Poisons Standard](#)

[Kids Safe](#)

[Safe Work Australia](#)

[Raising Children Network - Fevers](#)

VERSION CONTROL

This policy will be reviewed every 2 years and/or in line with legislation and organisation requirements.

Version	Date	Owner	Responsibility	Change Description
1	01/10/2023	Chief Pedagogy & Safeguarding Officer	Policy Development Officer	Replace all previous versions
2	23/07/2024	Chief Pedagogy & Safeguarding Officer	Policy Development Officer	Enhanced incident/injury notifications
3	20/08/2024	Chief Pedagogy & Safeguarding Officer	Policy Development Officer	External consultant review
3.1	18/09/2025	Chief Safeguarding and Pedagogy Officer	Senior Manager, Safeguarding and Compliance	• Remove requirement for parent signature on incident record • Update Paracetamol section to reflect revised practice • General maintenance (links checked etc)

This document is uncontrolled when printed and may be varied, replaced, or terminated without notice.