

# Intereach Family Day Care (FDC) Incident, Injury, Trauma and Illness Procedure



<b>Applies to</b>	Intereach Family Day Care (FDC)				
<b>Policy</b>	NQS Two: Children's Health and Safety Policy				
<b>Version</b>	2.0	<b>Date approved</b>	22/12/2025	<b>Next review date</b>	22/12/2028

## 1. Objective

Educators have a duty of care to respond to and manage incidents, injuries, trauma and illness that may occur at the service to ensure the safety and wellbeing of children, educators and visitors. This procedure will guide educators to prevent injury, manage illness and the spread of infectious diseases and provide guidance of the required action to be taken in the event of an incident, injury, trauma or illness occurring when a child is educated and cared for.

## 2. Background

The Education and Care Services National Regulations require the service to have policies and procedures in place if a child is injured, becomes ill, experiences trauma or an incident occurs while attending the service.

## 3. Definition

**Illness:** Any condition causing symptoms such as fever, vomiting, diarrhea, rash, or lethargy.

**Incident/Injury/Trauma:** Any event causing harm or requiring first aid or medical attention.

**Infectious Disease:** A disease that can spread from person to person.

**Immunisation:** Vaccination to protect against infectious diseases.

**Serious Incident:** Any event which causes disruption to the organisation; or creates significant danger or risk of harm, they include:

- death;
- physical or psychological injury, trauma or illness that requires urgent medical attention from a medical practitioner, the attendance of emergency services, or where the person should have attended a hospital.
- where for any length of time, a child appears to be missing, has been removed from care without permission or has been mistakenly locked in or out of the premises.
- an act by an Intereach worker and/or FDC Educator that may constitute a criminal act, including physical abuse or neglect of a person and sexual offences, misconduct, physical violence or significant neglect committed against, with or in the presence of a child or any behaviour that causes significant emotional or psychological harm to a child.
- participant act or threat of violence towards a worker and/or FDC Educator; and,
- an event that causes disruption to the ability to deliver services for any length of time.

**Inappropriate Conduct:** Any behaviour by an educator, staff member, volunteer, or visitor that compromises child safety or wellbeing, as defined under the amended National Law. When determining if conduct is inappropriate, consider:

- Inappropriate physical contact – touching a child in a sexualised or intrusive way, including tickling, wrestling, prolonged or unnecessary hugging that is not warranted in the circumstances, massaging, or physical closeness (such as encouraging a child sit on an

educator's lap for an extended period) that is not age appropriate or required based on the needs or abilities of a child.

- Grooming behaviours – including but not limited to favoritism, offering gifts or special privileges, encouraging emotional dependency (attachment fostering), or initiating private or secret communication with a child.
- Ill treatment that is not disciplinary in nature – including physical or verbal abuse, threats, yelling, swearing, rough handling or other conduct likely to cause emotional, physical or psychological harm.
- Unprofessional communication – such as sending personal messages, capturing or sharing images of children via unauthorised devices or platforms, or engaging with children online through social media or apps unrelated to your role.

## **4. Responsibilities**

It is the responsibility of the Nominated Supervisor to:

- ensure the incident, injury, trauma and illness procedure is followed and implemented;
- ensure that the staff, educators and volunteers are aware that any inappropriate conduct as per National Law Section 166A is considered as a reportable serious incident and will be notified to regulatory authorities as relevant.
- take reasonable steps to ensure that staff, educators and volunteers follow the incident, injury, trauma and illness procedures
- provide induction training on incident, injury, trauma and illness and ensure opportunities for ongoing development are made available.
- ensure each child's enrolment record includes authorisation by a parent or person named in the record, for the nominated supervisor or 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;
- ensure all educators have a current approved First Aid (including CPR), Anaphylaxis and Emergency Asthma Management training and qualifications as described by the National Regulations;
- ensure emergency and evacuation scenarios are regularly rehearsed, within 3 months, as per Emergency and Evacuation Procedure and notifications are made in accordance with this procedure;
- provide support to educators and staff at the scene of an incident, injury, trauma or illness and after if required,
- regularly review incidents, injury, trauma, and illnesses records to inform ongoing review of procedures and continuous improvement; and,
- notify the regulatory authority of any incidents or allegations of physical or sexual abuse to a child while being educated or cared for by the service within 24 hours as a serious incident;
- notify the regulatory authority of a serious incident using the NQAITS – SI01 Notifications of a serious incident
- report to the state Regulatory Authority where a decision to refuse access arose as a result of circumstances which posed a risk to the health, safety and wellbeing of children; and
- confidentially store an incident, injury, trauma and illness record until the child is 25 years old.

It is the responsibility of educators to:

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- implement the incident, injury, trauma and illness procedure at all times
- Monitor the child's wellbeing and service practices daily.
- take all precautions to always reduce the incidence of incidents, injuries, trauma and illness including when on excursions and regular outings and during transportation;
- Where required, contact emergency services in the first instance then notify parents/guardians immediately after an incident, injury, trauma or medical emergency, or as soon as is practicable, but no later than 24 hours;
- notify the Nominated Supervisor of all serious incident as soon as possible
- talk to the nominated supervisor if concerned or have a suspicion that a child is at risk of abuse, harm, neglect or ill-treatment.
- make a report if they believe a child may be at risk, even if they may not see the abuse occur, i.e. a child disclosure
- record information as soon as possible, and within 24 hours after the incident, injury, trauma or illness forward copies of all records to the coordination unit
- ensure families sign/pin the incident, injury, trauma and illness record.
- be aware of children with medical conditions including allergies and their attendance days and apply that knowledge when attending to incidents, injury, trauma and illness;
- complete and record daily environment checks to ensure all hazards are eliminated or minimised both indoors and outdoors;
- administer first aid and respond to incidents/injury/trauma and illness in accordance with this procedure, the *First Aid Procedure* and qualification;
- ensure easy access to first aid kits; and current contact numbers of parents/guardians and emergency contacts at all times;
- ensure emergency procedures (including CPR guides) and current relevant emergency telephone numbers – 000 (ambulance, police, fire brigade), hospital, Poison Information Centre and Service after-hours contact details are displayed and available;
- maintain confidentiality in handling all records relating incident, injury, trauma and illness and securely store the records until the child is 25 years old; and,
- participate in trainings related to this procedure.

It is the responsibility of the parent/guardian to:

- provide authorisation in the child's enrolment for the 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 and/ or throughout the child's 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;
- notify educators 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 the service of any infectious 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 or others 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; and,

- sign any records as confirmation that they are aware of any incident, injury, trauma or illness suffered.

## **5. Procedure**

### **5.1. For non-serious incidents/accidents/illness**

In the event a child has a minor incident, injury, trauma or illness, educators will:

- attend to the affected child, where no injury is visible a thorough check of the child will be conducted,
- Provide first aid as per first aid training and as required;
- Complete an incident, injury, trauma and illness record;
- if required, inform the child's parent. **All head or neck injuries must be notified to families immediately;**
- ensure parents/ authorised contacts sign/pin the incident, injury, trauma and illness record when collecting their child after an incident or as soon as practicable;
- store records in a confidential manner and retain records until the child is 25years of age

### **5.2. In the event of a Serious incident**

Intereach educators will:

- attend to the affected child, where no injury is visible a thorough check of the child will be conducted, and first aid applied as required
- use Personal Protection Equipment (PPE) when dealing with blood and bodily fluids
- follow emergency guidelines DRSABCD as per first aid training;
- assess the injury/trauma/illness, seek further medical attention if required;
- inform the Nominated Supervisor of a serious incident and their decision as soon as reasonably practicable;
- ensure the parent/guardian of the affected child is notified of a serious incident as soon as reasonably practicable
- remain with the affected child while maintaining supervision of all children in care;
- ensure the child is comfortable and reassure them;
- if an ambulance is called and the child is taken to hospital, the educator must give a doctor, dentist, ambulance or hospital personnel or other health professional sufficient and relevant information about a child to allow the child's injury or illness to be effectively treated. This information may include:
  - the child's full name, date of birth, address and parent's names;
  - the name of the child's usual doctor or dentist, if known;
  - the child's known medical history, allergies, recent illnesses and usual health status;
  - any action taken by the educator following the accident or illness
- under no circumstances, transport a child to seek emergency treatment for an incident or illness. This includes an incident involving their own child while working as an educator;
- if necessary, organise collection by parents of other children at the service; and,
- complete an Incident, Injury, Trauma, and Illness record as soon as reasonably practicable but within 24 hours

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- where a child is administered with an emergency medication (eg, Epi Pen, Ventolin) complete an Incident, Injury, Trauma, and Illness form each time by clearly identifying.
  - details of medication administered;
  - details on how the medication was administered (e.g., how many puffs); and,
  - the date and time the medication was administered.

#### **5.3. Notifications**

The educators will:

- notify a parent/guardian or emergency contact of the child of the incident/ injury/trauma/illness and the treatment or services arranged for the care of the child, including any medication required;
- complete an Incident Report and report as soon as practicable, but no later than 24 hours after the incident, injury, trauma, or onset of illness obtaining parent/ authorised person's signature/pin

The Nominated Supervisor will:

- report any incident/injury/trauma/illness that constitutes a 'serious incident' (refer to Notification of Serious Incidents Procedure) to the:
  - General Manager and CEO immediately; and,
  - Regulatory Authority via the National Quality Agenda (NQA) IT System within 24-hours.
  - Provide ongoing support and access to support systems for the educator, children and families

## **6. Monitoring, evaluation and review**

Incidents, injury, trauma, and illnesses records are regularly reviewed to inform ongoing review of procedures and continuous improvement in consultation with educators and other key staff, families, and other stakeholders the effectiveness of this procedure will be reviewed every three years or earlier if there is a change in relevant legislation

## **7. National Quality Framework**

<b>Element</b>	<b>Concept</b>	<b>Description</b>
<b>2.1</b>	Health	Each child's health and physical activity is supported and promoted.
<b>2.1.1</b>	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation.
<b>2.1.2</b>	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
<b>2.2.1</b>	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
<b>2.2.2</b>	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented

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<b>Element</b>	<b>Concept</b>	<b>Description</b>
<b>3.1</b>	Design	The design of the facilities is appropriate for the operation of a service.
<b>5.1</b>	Relationships between educators and children	Respectful and equitable relationships are maintained with each child.
<b>6.1</b>	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role.
<b>7.1.2</b>	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality service that is child safe.
<b>7.1.3</b>	Roles and responsibilities	Roles and responsibilities are clearly defined, understood, and support effective decision making and operation of the service that is child safe..

<b>8. Context</b>	
<b>Standards or other external requirements</b>	<p>Australian Children's Education and Care Quality Authority (2017), <i>National Quality Standards</i></p> <p>Australian Children's Education and Care Quality Authority (2017), <i>Guide to the National Quality Framework</i></p> <p>Department of Education, Child Care Provider Handbook – October 2024</p> <p>Early Childhood Australia (2016). <i>Code of Ethics</i></p> <p>Australian Children's Education and Care Quality Authority (ACECQA) – <a href="http://www.acecqa.gov.au/first-aid-qualifications-and-training">www.acecqa.gov.au/first-aid-qualifications-and-training</a></p> <p>Community Early Learning Australia, Accessed January 2018, Sample policy 'Administration of First Aid'</p>
<b>Legislation or other requirements</b>	<p>Education and Care Services National Regulations consolidated 2017</p> <p>Education and Care Services National Law Act 2010</p>
<b>Internal Documentation</b>	<p>Emergency and Evacuation Procedure</p> <p>Dealing with Medical Condition Procedure</p> <p>Death of a child procedure</p> <p>Notification of Serious Incidents Procedure</p> <p>Illness and infectious disease procedure</p> <p>Administration of First Aid Procedure</p> <p>Safe Arrival of Children Procedure and Risk assessment</p> <p>Incident, Injury, Trauma, and Illness Form (Hardcopy Book)</p> <p>Medical Management Plan</p> <p>Medical Risk Minimisation Plan</p> <p>Communication form</p> <p>Medication Form</p> <p>Benefit Risk Assessment Plan – Transport, Excursion and Regular Outings</p> <p>Excursion and Transportation Authorisation</p> <p>Authorisation for Transport and Regular Outings</p> <p>Annual Home Safety Assessment</p> <p>Safe use of Digital Technologies and Online environment procedure</p>

<b>9. Document control</b>			
<b>Version</b>	<b>Date approved</b>	<b>Approved by</b>	<b>Next review date</b>
1.0	02/12/2019	R. Phillips - Acting Senior Manager, Children and Family Services	02/12/2022
2.0	30/08/2021	Michelle Tai – General Manager Operations	30/8/2024
1.0	21/11/2024	The Children's Services procedure separated to be a standalone procedure for FDC and approved by: J Farrow - Manager Education and Care	21/11/2027
1.1	11/09/2025	Minor update to reflect changes w.e.f 1/9/2025 in relation to notification re incidents or allegations of physical or sexual abuse to a child – Approved by: Kerri-Anne Hyde- General Manager Operations	21/11/2027
2.0	22/12/2025	Process updated to incorporate legislation changes – Approved by: K. Hyde _ General Manager, Operations	22/12/2028