Incident, Injury, Trauma and Illness Policy

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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	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

Policy Statement

Lipscombe Child Care Services is committed to ensuring the safety, health, and wellbeing of all children, educators, families, and visitors. The Service will implement clear procedures to guide educators in responding to incidents, injuries, trauma, and illness in a timely, consistent, and appropriate manner.

The Service will ensure educators have the required skills, knowledge, and training to manage emergencies and health related situations confidently and competently. Through ongoing risk assessment and risk-minimisation strategies, the Service aims to reduce the likelihood of harm and create an environment where children can safely learn and thrive.

Scope

This policy applies to:

- The Approved Provider
- All children enrolled at the Service
- All educators, staff, volunteers, and students
- Families
- Visitors present at the Service

Definitions

Lipscombe Child Care Services Inc is referred to in this document as the Service.

Incident: Any event that has led to or could have led to an injury, ill-health, damage or other loss. Incidents include 'near misses', accidents and injuries.

Serious Incident: The Education and Care National Regulations define a serious incident as:

a) The death of a child:

(i) while being educated and cared for by an Education and Care Service or

(ii) following an incident while being educated and cared for by an Education and Care Service.

(b) Any incident involving serious injury or trauma to, or illness of, a child while being educated and cared for by an Education and Care Service, which:

(i) 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 or emergency where the attendance of emergency services at the Education and Care Service premises was sought, or ought reasonably to have been sought (eg: severe asthma attack, seizure or anaphylaxis)

(d) 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.

Any event which prompts a lockdown or evacuation and attendance by emergency services will be treated as a serious incident.

Trauma:
Trauma is defined as the impact of an event or a series of events during which a child feels overwhelmed and pushed beyond their ability to cope. All children and young people experience events that affect them both emotionally and physically, but most recover without ongoing difficulties. However, some events can feel overwhelming or traumatic – especially if a child or young person feels unsupported or unsafe.

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

Illness: Any sickness or associated symptom that affects the child's normal participation at the Service, or risks the spread of infection or illness to others attending the Service.

Aim
This policy aims to:

- Support educators to respond effectively to incidents, injuries, trauma, and illness.
- Ensure compliance with the Education and Care Services National Law and Regulations.
- Provide clear guidance for documentation, communication, and follow-up actions.
- Reduce the risk of harm through proactive risk-minimisation strategies.
- Ensure families are informed promptly and appropriately.

Responsibilities:

Approved Provider will:

- Ensure all required policies and procedures are established, implemented, and reviewed regularly in accordance with the Education and Care Services National Law and Regulations.
- Ensure all serious incidents are reported to the Regulatory Authority within the required timeframes under Regulations 12, 86, 175–176.
- Ensure any illness outbreaks are reported to the Department of Health – Communicable Diseases as required.
- Ensure all regulatory reporting is completed accurately and in accordance with relevant guidelines and statutory obligations.

- Provide adequate resources, training, and support to enable the Nominated Supervisor and educators to fulfil their responsibilities safely and effectively..

Nominated Supervisor will:

- Implement this policy and monitor educator compliance with all procedures.
- Ensure a sufficient number of educators maintain current and approved first aid, CPR, anaphylaxis, and asthma management qualifications.
- Oversee documentation, record-keeping, and communication with families, ensuring information is timely, accurate, and consistent with regulatory requirements

Educators will:

- Respond immediately, calmly, and appropriately to any incident, injury, trauma, or illness.
- Administer first aid only within the scope of their approved training and qualifications.
- Document incidents, injuries, trauma, and illness accurately, objectively, and in accordance with service procedures.
- Inform families promptly of any incident or emerging health concern.
- Monitor children for signs of illness, distress, or changes in behaviour and escalate concerns to the Nominated Supervisor.

Families will:

- Provide accurate and up-to-date medical information, including health management plans, medications, and emergency contacts.
- Follow exclusion periods for infectious illnesses as outlined in Staying Healthy 6th Edition and any additional public health directives.
- Communicate any trauma, health concerns, or changes in their child's wellbeing that may affect their participation or require additional support.

Procedures:

Incident, Injury and Trauma Procedure

- Remain calm and respond in a controlled, reassuring manner.
- The **Responsible Person in day-to-day charge** will immediately take leadership of the situation and direct educators to:
    - Ensure the immediate safety of all children, including relocating bystanding children to a safe area and maintaining adequate supervision.
    - Administer first aid in accordance with approved training and the service's first aid procedures.
    - Provide emotional reassurance and trauma-informed support to the child/children involved and any witnesses.
    - Contact emergency services if required.
    - Preserve the scene if the incident involves equipment, environmental hazards, or may require investigation.
    - Remove or isolate any hazards to prevent further harm.
    - Notify the Nominated Supervisor as soon as practicable.
    - Document the incident using the Service's *Incident, Injury, Trauma and Illness Record* as soon as practicable and within required regulatory timeframes.
    - Inform families as soon as practicable, ensuring communication is sensitive, factual, and aligned with Reg 86.
- The Nominated Supervisor will determine whether the incident meets the definition of a serious incident under Regulation 12 and ensure notification to the Regulatory Authority within 24 hours (Reg 176).
- A post-incident review will be conducted to identify hazards, assess risk controls, and support educators and children involved, consistent with WHS Act duties and NQS QA2.

Missing, Unaccounted-for, or Removed Child / Child Locked In or Out

In circumstances where a child is missing, unaccounted for, appears to have been taken or removed from the premises, or is mistakenly locked in or locked out of any part of the premises:

- Follow the steps outlined above, noting that search efforts and immediate safety actions are the highest priority.
- The Nominated Supervisor or Responsible Person will coordinate search efforts, including:
    - Conducting a systematic search of all areas of the premises.
    - Checking gates, exits, and surrounding areas.
    - Assigning educators to supervise remaining children.
    - Contacting emergency services immediately if the child cannot be located promptly.
- If a child has been mistakenly locked in or out, educators will take immediate action to safely rectify the situation and ensure the child's wellbeing.
- The Nominated Supervisor will determine whether the incident meets the definition of a serious incident under Regulation 12 and ensure notification to the Regulatory Authority within 24 hours (Reg 176).
- Refer to the Safe Arrivals and Departures Policy for additional procedures and responsibilities.

Illness

When illness is identified, educators will:

- Safely isolate the child from others while ensuring continuous supervision, sight, and hearing.
- Provide comfort, reassurance, and close monitoring.
- Use personal protective equipment (PPE) such as gloves, masks, or aprons when there is a risk of contact with bodily fluids or respiratory droplets, in accordance with Staying Healthy 6th Edition.
- Contact families to collect the child when exclusion is required.
- Follow recommended exclusion periods as per Staying Healthy 6th Edition, NHMRC, Public Health, or medical advice.
- Record the illness on the Service's Incident, Injury, Trauma and Illness Record as soon as practicable (Reg 87).
- Clean and disinfect affected areas using infection control procedures outlined in Staying Healthy 6th Edition.

Identifying Signs and Symptoms of Illness

Educators are not health professionals and cannot diagnose illness. They must recognise symptoms that may indicate infection or serious medical conditions (refer to Staying Healthy 6th Edition). Symptoms may occur alone or in combination and may include:

- Fever
- Rash
- Vomiting or diarrhoea
- Lethargy
- Respiratory symptoms
- Unusual behaviour or distress

Any concerns must be escalated promptly.

Assessing When Illness Requires Medical Attention

Where an educator has concerns about a child's health or wellbeing, they will:

- Discuss concerns with the Responsible Person in day-to-day charge, Director, or Assistant Director.
- Refer to Staying Healthy 6th Edition to support decision-making.
- Contact the child's parent/guardian or authorised nominee to collect the child and seek medical attention if required.

High Temperatures / Fever

A fever is a temperature of 38.0°C or higher. When a child develops a fever at the Service:

- The child will be monitored closely and kept comfortable.
- Families will be contacted to collect the child.
- Babies under 3 months with a temperature above 38°C require urgent medical attention.

A fever requires medical attention when the child:

- Shows other signs of being unwell
- Is vomiting and not taking fluids
- Has a rash
- Has a fever above 40°C
- Has a febrile convulsion
- Has ongoing headaches or tummy pain
- Has sensitivity to light
- Has a bulging fontanelle
- Has had a fever for more than 2 days
- Appears to be worsening
- Has travelled or been exposed to serious infection

Children will be excluded from the Service when they:

- Are unwell, unable to participate in normal activities, or require additional attention due to illness.
- Have a fever of 38°C or above.
- Require or have been given fever-reducing medication to manage symptoms.
- Have had vomiting, diarrhoea, or unexplained fever within the previous 24 hours
- Show symptoms of a contagious or infectious disease and have not been assessed by a medical practitioner or provided written clearance to attend.

Children must be excluded until they are afebrile without fever-reducing medication and well enough to participate. Where a child has had a fever (temperature of 38.0°C or above) while at the Service, the child must be excluded from the Service for a minimum of 24 hours from the onset of the fever, or until the child is well and afebrile without the use of fever-reducing medication, in accordance with Staying Healthy 6th Edition and Healthdirect guidance. Educators will record the time of onset, actions taken and the time of collection on the Incident, Injury, Trauma and Illness Record.

Educators will document onset time, actions taken, and collection time in the Incident, Injury, Trauma and Illness Record.

Gastroenteritis

Gastroenteritis causes vomiting, diarrhoea, nausea, stomach pain, and dehydration risk. Babies under 6 months must be seen by a doctor.

Children will be excluded:

- For **24 hours** after symptoms cease, without medication
- For **48 hours** if symptoms are due to norovirus
- For up to **72 hours** during outbreaks, as advised by Public Health

Staff with gastro symptoms:

- Must not handle food until 48 hours symptom-free
- May return to non-food duties after 24 hours symptom-free

Preventing the Spread of Illness

Educators will implement infection control measures consistent with Staying Healthy 6th Edition, including:

- Effective handwashing
- Use of disposable tissues
- Covering coughs and sneezes
- Cleaning and disinfecting high-touch surfaces
- Washing soft furnishings regularly
- Maintaining good ventilation
- Staying home when unwell

Refer to the Hygiene and Infection Control Policy for detailed procedures.

Medications - Please refer to the *Medication Policy.*

Trauma

It is important for educators 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, educators and staff are able to work out the best ways to support a child. There are numerous ways for parents, educators and staff to reduce their own stress and maintain awareness so they can be present when offering support to children who have experienced traumatic events. Be sure to access supports and resources relevant to everyone involved. For educators and staff there is the Service Employee Assistance Program; online resources such as 'BeYou' or 'Emerging Minds'. Our Inclusion Support Facilitator is a good source of resources for supporting children. As per the 'First Aid Policy' the Service will ensure there is at least one person who has completed Mental Health First Aid Training.

In line with BeYou and Emerging Minds trauma-informed practice guidance, educators will apply the core principles of safety, trustworthiness and transparency, choice, collaboration, empowerment, and awareness of cultural, historical and gender considerations when supporting a child who has experienced a traumatic event. This means keeping routines predictable, giving the child developmentally appropriate choices, involving families in decisions about their child's support, and focusing on the child's strengths rather than solely on their behaviour.

Risk Minimisation

The Service will:

- Conduct and document safety audits of indoor and outdoor environments before each use and immediately following any incident, injury, trauma or illness
- Ensure risk assessments are completed for any excursion, activity, physical play environment, resources including new resources before being introduced to the play environment
- Ensure risk minimisation plans are in place for children with known medical conditions
- Review incident and injury trends at least quarterly and report findings to the Staff and the Board to inform continuous improvement
- Maintain first aid kits and equipment

- At all times ensure at least one educator is on site who holds current first aid, CPR, asthma and anaphylaxis training
- Ensure emergency and evacuation procedures are rehearsed, dated and documented at least every 3 months, in accordance with Regulation 97
- Implement safe practices for indoor and outdoor environments
- Work to maintain a workplace culture of 'speaking up' if something does not seem right
- Provide access to training which supports risk minimisation, for example: First Aid, Mental Health First Aid, Child Safety, Food Handling, Safe Sleeping, or WH&S related topics. Consult with educators and staff on health and safety matters, including through regular team meetings, in accordance with sections 47–49 of the Work Health and Safety Act 2011 (Tasmania)
- Maintain a hazard and incident register, ensuring identified hazards are assessed and controlled within a documented timeframe proportionate to risk

Communication with Families

Families will be informed:

- Immediately for serious incidents
- As soon as practicable for minor incidents
- In writing for all incidents requiring documentation
- Of any known illness or illness outbreak within the service, including information relevant to that illness

Families must sign any Incident/ Injury /Illness Record within 24 hours of being notified.

Reporting:

Each time an Incident, Injury, Trauma or Illness occurs, which requires a response by educators or staff, a report will be completed. Response may be administration of first aid, contacting parents or guardians or carrying out an emergency procedure. The report must include the details and circumstances of the incident, injury, trauma or illness including:

  - The name and age of the affected child or person;
  - The time and date the incident, injury, trauma or illness occurred;
  - Any details of the action taken by the Service including:
  - any medication administered, or first aid provided;
  - any medical personnel contacted;
  - details of any person who witnessed the incident, injury, trauma or onset of the illness;
  - the name of any person whom the Service notified or attempted to notify;
  - the time and date of the notifications or attempted notifications;
  - the name and signature of the person making the report, and the time and date the report was made;
  - the name and signature of the parent or authorised person collecting the child.
- In the event of injury caused by another child, the name of that child will not be included on the report. This maintains confidentiality for the child and family.
- The report must be completed as soon as practicable, but not later than 24 hours after the incident, injury or trauma, or the onset of the illness.

- The Service must ensure a parent of the child is notified as soon as practicable, but not later than 24 hours after the incident, injury, trauma or illness occurred, in accordance with Regulation 86. Where the incident, injury, trauma or illness meets the requirements of a serious incident (Regulation 12), the Service must ensure the Regulatory Authority is notified in writing within 24 hours of the Nominated Supervisor or Approved Provider becoming aware of the incident, in accordance with Regulation 176. Where any illness is a reportable communicable disease, the service will contact the Department of Health to make notification and receive any relevant instructions.
- Any available evidence should be attached to the report
    - Under the Work Health and Safety Act 2011 (Tasmania), the Approved Provider must notify WorkSafe Tasmania immediately of any notifiable incident involving the death of a person, a serious injury or illness, or a dangerous incident arising from the conduct of the Service.
    - Following a notifiable incident, the site must not be disturbed until WorkSafe Tasmania gives permission, except to assist an injured person, make the area safe, or as otherwise permitted by law.
    - A written record of any notification to WorkSafe Tasmania must be kept for at least 5 years.
    - Serious incidents and notifiable incidents will be reviewed by the Nominated Supervisor or Approved Provider to identify corrective and risk-minimisation actions, which will be documented, assigned an owner and tracked to completion.

Documentation

Educators must complete any relevant records within the required time frame:

- Incident, Injury, Trauma and Illness Record
- Risk assessment (if required)
- Notification to families
- Serious Incident Notification to the Regulatory Authority (if applicable)

Privacy and Record Keeping

All incident and illness records will be stored securely and only accessed by authorised personnel.
Records will be stored securely for the required regulatory period.

Links to Other Policies

Absconded Child Policy	First Aid Policy	Speak Up Policy
Behaviour Policy	Health and Hygiene Policy	Supervision Policy
Child Safety Policy	Immunisation and Infectious Disease Policy	Water Safety Policy
Duty of Care	Medical Conditions Policy	Work Health and Safety Policy
Emergency Policy	Medication Policy	
Excursion and Transport Policy	Privacy and Records Policy	
Food Safety Policy	Providing a Child Safe Environment Policy	

References

Australian Childhood Foundation. (2010). Making space for learning: Trauma informed practice in schools: https://www.theactgroup.com.au/documents/makingspaceforlearning-traumainschools.pdf

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Australian Children's Education and Care Quality Authority. (2024). *National Quality Standard resource list: Quality Area 2*. ACECQA. https://www.acecqa.gov.au/Australian Government Department of Education. (2022). *Belonging, being and becoming: The early years learning framework for Australia* (V2.0). Australian Government Department of Education.

BeYou (August 2025) *Trauma fact sheet https://beyou.edu.au/resources/fact-sheets/grief-trauma-and-critical-incidents/trauma*Childcare Centre Desktop. (March 2026). *Incident, Injury, Trauma, Illness policy*. Retrieved July 17, 2026, from https://www.childcarecentredesktop.com.au/

Early Childhood Australia. (2016). *Code of ethics*. https://www.earlychildhoodaustralia.org.au/our-publications/eca-code-ethics/Education and Care Services National Law Act 2010. (Amended 2018).
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Health Direct Australia. 2026. https://www.healthdirect.gov.au/fever
National Health and Medical Research Council. (2012). *Staying healthy: Preventing infectious diseases in early childhood education and care services.* 6th Edition (updated 2024).
SafeWork Australia: https://www.safeworkaustralia.gov.au/first-aid
Work Health and Safety Act 2011 (Tasmania)

Resources

Emerging Minds Community Trauma Toolkit
Staying Healthy 6th Edition

Policy Review

The policies and procedures of Lipscombe Early Years Education and Care will be reviewed every two years (This timeframe may be altered and shortened where new information becomes available and/or legislative requirements alter).
Families, volunteers and other relevant stakeholders are encouraged to collaborate with the Service to review and update the Service's policies and procedures.
It is essential for all staff to be involved in the policy review process and to familiarise themselves with the Service's policies and procedures, the requirements and expectations and to acknowledge all updates and changes in writing.

Changes Made at Review

Date	Changes
October 2018	Developed document including current references to the NQS and the Education and Care Services National Regulations.
March 2021	reference to Covid 19 added; re wrote policy statement; set out policy under sections which align with policy title; Updated table to reflect regulations and reference to NQF; updated links to other policies; added illness, high temperature, Diarrhoea and Vomiting and Prevention of Illness spreading sections
October 2021	format to remove duplicated points.
October 2022	added information related to Trauma; added reference to missing law; checked and referenced ACECQA policy and procedure guidelines for this policy; removed duplication of points around fever; shortened para related to Gastro; added headings for Injury, Trauma and Incident in body of policy; Moved reporting to be last section; added links to 2 further policies;
October 2025	Additional Regulations added; updated all references to 'Staying Healthy In Child Care 5th edition' to the 6th edition; updated gastroenteritis information; checked resources and references for relevance;
June 2026	reviewed section on high temperatures to clarify exclusion for 24 hours after onset of temperature. Board endorsed 18/6/26. Reformatted and simplified. Updated references. Accessed fact sheet for educators and families re fever.