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1. Purpose

This policy will define the:

- procedures to be followed if a child is ill, or is involved in a medical emergency or an incident at any Meli kindergarten that results in injury or trauma
- responsibilities of staff, parents/guardians, and Meli Kindergarten Services (MKS) as the approved provider when a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma
- practices to be followed to reduce the risk of an incident occurring at MKS

2. Policy Statement

MKS is committed to:

- providing a safe and healthy environment for all children, staff, volunteers, students, and any other persons participating in or visiting the service
- responding to the needs of an injured, ill, or traumatised child at the service
- preventing injuries and trauma
- preventing the spread of illness through simple hygiene practices, monitoring immunisation records and complying with recommended exclusion guidelines
- maintaining a duty of care to children and users of MKS

3. Scope

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers, educators, staff, students, volunteers, parents/guardians, children, and others attending the programs and activities of MKS, including during offsite excursions and activities.

4. Background

People responsible for managing early childhood services and caring for children have a duty of care towards those children. All service staff have a responsibility and a duty of care to act to prevent accidents and emergencies at the service.

MKS has policies and procedures in place to guide each service if a child is injured, becomes ill or suffers trauma. These procedures should be followed and must include the requirement that a parent/guardian be notified in the event of an incident, injury, illness, or trauma relating to their child as soon as possible and within 24 hours of the occurrence.

In accordance with the *National Regulations*, Meli will maintain an accurate Incident, Injury, Trauma and Illness Record in a safe and secure way until the child is 25 years old (*Regulation 183(2)*).

Under the national legislation, each service must ensure that an entry is recorded in the Incident, Injury, Trauma and Illness Record and Risk Management System for the following occurrences:

- an incident in relation to a child
- an injury received by a child or trauma to which a child has been subjected
- an illness that becomes apparent

Medical emergencies may include serious health issues such as asthma, anaphylaxis, diabetes, fractures, choking and seizures. Such emergencies generally involve only one child; however, they can affect everyone in the children's service. In some cases, it will be appropriate to refer to specific policies for guidance, such as the *Dealing with Medical Conditions Policy*, *Asthma Policy*, *Anaphylaxis and Allergic Reactions Policy*, *Diabetes Policy* and *Epilepsy and Seizures Policy*.

5. Procedures

MKS locations will ensure the following numbers are displayed near the service telephone:

- 000 Emergency
- DE regional office
- Approved provider
- Asthma Australia: 1800 278 462
- Victorian Poisons Information Centre: 13 11 26
- Local council or shire

When there is a medical emergency, staff will:

- call an ambulance, where necessary
- administer first aid, and provide care and comfort prior to parents/guardians or ambulance arriving
- implement the child's current medical management plan, where appropriate
- notify parents/guardians as soon as possible of any serious medical emergency, incident or injury concerning the child, and request the parents/guardians arrange for the child to be collected from the service and/or inform the parents/guardians that an ambulance has been called
- notify others (as authorised) on the child's enrolment form if the parents/guardians are not contactable
- ensure ongoing supervision of all children in attendance at the service
- accompany the child in the ambulance when the parents/guardians are not present, provided that staff-to-child ratios can be maintained at the service
- notify the approved provider of the medical emergency, incident or injury as soon as is practicable
- complete and submit an incident report to DE, the approved provider and the service's public liability insurer following a serious incident.

When a child develops symptoms of illness while at the service, all staff will:

- observe the symptoms of children's illnesses and injuries and systematically record and share this information with families (and medical professionals where required)
- ensure that the nominated supervisor, or person in day-to-day care of the service, contacts the parents/guardians or authorised emergency contact for the child

- request the child be collected if the child is not well enough to participate in the program
- ensure that they separate the child from the group and have a staff member remain with the child until the child recovers, a parent/guardian arrives, or another responsible person takes charge
- call an ambulance if a child is very unwell or has a serious injury that needs urgent medical attention
- ensure the child is returned to the care of the parent/guardian or authorised emergency contact person as soon as is practicable
- ensure that, where medication, medical or dental treatment is obtained, the parents/guardians are notified as soon as is practicable and within 24 hours, and are provided with details of the illness and subsequent treatment administered to the child
- ensure that the approved provider is notified of the incident
- ensure that the Incident, Injury, Trauma, and Illness Record is completed as soon as is practicable and within 24 hours of the occurrence.

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

- the name and age of the child
- the circumstances leading to the incident, injury or trauma, or relevant circumstances surrounding the child becoming ill (including any symptoms)
- the time and date the incident occurred, the injury was received, or the child was subjected to the trauma, or the apparent onset of the illness
- actions taken by the service, including medication administered, first aid provided, or medical personnel contacted
- details of any person who witnessed the incident, injury or trauma, or the apparent onset of illness
- the name of any person the service notified, or attempted to notify, of any incident, injury, trauma, or illness that a child suffered while being educated and cared for by the service, and the time and date of the notifications/attempted notifications
- name and signature of the person making entering the record, and time and date of the entry
- signature of a parent/guardian to verify that they have been informed of the occurrence.

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

6. Definitions

Cleaning - refers to a process that removes visible contamination such as food waste, dirt, and grease from a surface. This process is usually achieved using water and detergent. During this process, micro-organisms will be removed but not destroyed.

Communicable disease - refers to a disease capable of being transmitted from an infected person or species to a susceptible host, either directly or indirectly.

Cough etiquette - refers to the correct way to prevent the spread of infectious organisms that are carried in droplets of saliva is to cough or sneeze into the inner elbow or to use a tissue to cover the mouth and nose. Place all tissues in the rubbish bin immediately and clean hands with either soap and water or a disinfectant hand rub.

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: acecqa.gov.

Hygiene - means the principle of maintaining health and the practices put in place to achieve this.

Infectious disease - refers to a disease that can be spread, for example, by air, water, or interpersonal contact. An infectious disease is designated under Victorian Law or by a health authority (however described) as a disease that would require the infected person to be excluded from an education and care service.

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 tga.gov.au.

Neutral detergent - refers to a cleaning agent available commercially and labelled 'neutral' or 'neutral pH'.

Sanitising - refers to a process that destroys micro-organisms. Sanitising a surface can reduce the number of micro-organisms present. The process of sanitisation usually involves ensuring a surface is thoroughly cleaned with both heat and water, followed using chemicals

7. Responsibilities

RESPONSIBILITIES	Approved provider (Meli) and persons with management control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators, and all other staff	Parents/guardians	Contractors, volunteers, and students
R indicates legislation requirement					
Ensure the <i>Incident, Injury, Trauma, and Illness Policy</i> is accessible (<i>Regulations 168</i>) and available to all stakeholders (<i>Regulations 171</i>)	R	√			
Take reasonable steps to ensure nominated supervisors, educators, staff, and volunteers follow policy and procedures and are aware of their responsibilities (<i>Regulations 170</i>)	R	√			
Ensure the premises are kept clean and in good repair	R	R	√		√
Maintain effective supervision (<i>refer to Supervision of Children Policy</i>) for all enrolled children in all aspects of the service's program that is reflective of the children's needs, abilities, age, and circumstances	R	R	√		
Regularly check equipment in both indoor and outdoor areas for hazards, and take the appropriate action to ensure the safety of the children when a hazard is identified	R	R	√		
Be proactive and flexible when using professional judgment to prevent injury	R	R	√		√
Have access to a working telephone to enable immediate communication to and from parents and emergency services	R	√	√		
Ensure staff have access to medication, Incident, Injury, Trauma, and Illness forms and WorkSafe Victoria incident report forms	R	√			
Ensure the service has an <i>OH&S Policy</i> and associated procedures that support the identification, management and review of risks and hazards that are likely to cause injury, and outline how notifiable incidents must be reported to appropriate authorities.	R	√	√		
Always ensure there is a minimum of one educator on the site who has the following current (>3 years) approved qualifications: <ul style="list-style-type: none"> • first aid • anaphylaxis management 	R	√			

• asthma management					
Always ensure there is an appropriate number of accessible, up-to-date, and fully equipped first aid kits (<i>refer to Administration of First Aid Policy</i>)	R	√	√		
Ensure that enrolment forms contain all information, including authorisation to seek emergency medical treatment by a medical practitioner, hospital, or ambulance service (<i>Regulations 161</i>)	R	√		√	
Notify the service at enrolment or diagnosis of any medical conditions and/or needs, and any management procedure to be followed with respect to that condition or need (<i>Regulation 162</i>)				√	
Inform the service of an infectious disease or illness that has been identified while the child has not attended the service, and that may impact on the health and wellbeing of other children, staff and parents/guardians attending the service				√	
Ensure the service has a current medical management plan, if applicable (<i>Regulation 162(d)</i>)				√	
Notify the service when a child will be absent from the regular program				√	
Notify staff if there is a change in the condition of a child's health, or if there have been any recent accidents or incidents that may have an impact on the child's care e.g. any bruising or head injuries.	R	√	√	√	√
Ensure that any identified trauma or injury of concern visible on a child is discussed and documented prior to the parent/guardian leaving the service (<i>refer to Child Safe Environment and Wellbeing policy</i>)	R	R	R		
Respond immediately to any incident, injury, or medical emergency (<i>refer to procedures and Administration of First Aid policy</i>)	R	R	R		
Ensure the parent/guardian of the child is notified as soon as possible, but not later than 24 hours after the occurrence, if the child is involved in any incident, injury, trauma, or illness while at the service (<i>Regulation 86</i>)	R	√	√		
Notify other person/s as authorised on the child's enrolment form when the parents/guardians are not contactable	R	√	√		
Consider the emotional wellbeing of all children and educators during and following an accident, injury, trauma, or illness events	√	√	√		
Ensure that regulatory and legislative responsibilities are met in relation to any incident, injury, or medical emergency	R	√	√		
Ensure notifications of serious incidents are made to the regulatory authority (DE) through the NQA IT System as soon as is practicable but not later than 24 hours after the occurrence	R	√			
Record details of any incident, injury, or illness in the Meli Risk Management System as soon as is practicable but not later than 24 hours after the occurrence	R	√			
Sign the Incident, Injury, Trauma and Illness Record at the service to acknowledge they have been made aware of the incident				√	
Review and evaluate procedures after an incident or illness for quality improvement purposes and take action to remove the cause if required.	R	√	√		
Ensure that complete medication records are kept for 3 years after the child's last attendance (<i>Regulation 92, 183</i>)	R	√			
Ensure that Incident, Injury, Trauma, and Illness Records are maintained and stored securely until the child is 25 years old (<i>Regulations 87, 183</i>)	R	√			

Communicate with families about their child's health requirements in culturally sensitive ways and implement individual medical management plans, where applicable	R	√	√	√	
Be contactable, directly or via emergency contacts listed on the child's enrolment form, in the event of an incident that requires medical attention				√	
Request parents/guardians arrange for the child/ren involved in an incident or medical emergency to be collected from the service, or inform parents/guardians if an ambulance has been called	R	√	√	√	
Collect the child as soon as possible when notified of an incident, injury or medical emergency involving				√	
Arrange payment of costs incurred if an ambulance is required for a child				√	

8. Evaluation

To assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints, and incidents in relation to this policy and ensure satisfactory resolutions have been achieved
- keep the policy up to date with current legislation, research, policy, and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures unless a lesser period is necessary due to risk (*Regulation 172 (2)*).

9. Related Documents

- Administration of First Aid Policy
- Administration of Medications Policy
- Anaphylaxis and Allergic Reactions Policy
- Asthma Policy
- Child Safe Environment and Wellbeing Policy
- Dealing with Infectious Diseases Policy
- Dealing with Medical Conditions Policy
- Delivery & Collection of Children Policy
- Diabetes Policy
- Emergency and Evacuation Policy
- Epilepsy and Seizures Policy
- Excursions and Service Events Policy
- Hygiene Policy
- Occupational Health and Safety Policy
- Privacy and Confidentiality Policy
- Road Safety Education and Transport Policy

10. Sources

- ACECQA sample forms and templates: www.acecqa.gov.au
- Building Code of Australia: www.abcb.gov.au
- Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition, 2013) National Health and Medical Research Council: www.nhmrc.gov.au
- VMIA Insurance Guide, Community Service Organisations program: www.vmia.vic.gov.au
- WorkSafe Victoria: Guide to Incident Notification: www.worksafe.vic.gov.au
- WorkSafe Victoria: Online notification forms: www.worksafe.vic.gov.au

11. Legislation and Standards

- Australian Standards AS3745–2002, Emergency control procedures for buildings, structures, and workplaces
- Education and Care Services National Law Act 2010: Section 174(2)
- Education and Care Services National Regulations 2011: Regulations 77, 85–87, 103, 177, 183
- Public Health and Wellbeing Act 2008 (Vic)
- Public Health and Wellbeing Regulations 2009 (Vic)
- Occupational Health and Safety Act 2004 (Vic)
- Occupational Health and Safety Regulations 2007
- WorkSafe Victoria Compliance Code: First aid in the workplace (2008)
- National Quality Standard, Quality Area 2: Children’s Health and Safety
- National Quality Standard, Quality Area 3: Physical Environment
- National Quality Standard, Quality Area 7: Governance and Leadership
- Therapeutic Goods Act 1989 (Cth)

ATTACHMENT 1: HAZARD IDENTIFICATION CHECKLIST

Service Name:			
Date of Inspection:			
Inspected By:			
Hazard	Yes	No	Comments
Floors			
Surface is even and in good repair			
Surface is free from tripping and slipping hazards			
Surface is safe (e.g. unlikely to be slippery if wet)			
Kitchen and Work benches			
Workspace is adequate and at a comfortable height			
Kitchen and workspace are clean and free of clutter			
Equipment not in use is safely stored			
Lighting is satisfactory			
A door or gate restricts child access to the kitchen			
Ventilation fan is in good working order			
Kitchen appliances are clean and working			
Emergency Evacuation			
Staff know fire drill and emergency evac. procedures			
Fire drill instructions are displayed in the service			
Regular fire drills are conducted			
Serviced and labelled extinguishers are in place			
Exit signs are posted and clear of obstructions			
Exit doors are easily opened from inside			
Security and Lighting			
Security lighting is installed in building and car park			
There is good natural lighting			
There is no direct or reflected glare			
Light fittings are clean and in good repair			
Emergency lighting is available and working (torch)			
Windows			
Windows are clean, admitting plenty of daylight			
Windows have no broken panes			
Steps and Landings			
All surfaces are safe			
Adequate, good condition protective railing in place			
Ladders and Steps			
Ladders and steps are stored correctly			

Ladders and steps are working and free of defects			
Ladders and steps conform to Australian Standards			
Ladders and steps are used to access equipment stored above shoulder height			
Chemicals and Hazardous Substances			
All chemicals are clearly labelled			
All chemicals are stored in a locked cupboard			
Material Safety Data Sheets (MSDS) are provided for all hazardous substances			
Storage (Internal and External)			
Storage is designed to minimise lifting problems			
Materials are stored securely			
Shelves are free of dust and rubbish			
Floors are clear of rubbish or obstacles			
Dangerous items are out of reach of children			
Manual Handling and Ergonomics			
Trolleys are used to move heavy objects			
Heavy equipment is stored to enable safe lifting			
Adult-sized chairs are provided and used for staff			
Workstations are set with the chair at correct height			
Workstations have a phone, mouse and documents within easy reach and screen adjusted properly			
Work practices avoid sitting/standing for extended periods			
Electrical			
There are guards around heaters			
Equipment not in use is safely stored			
Electrical equipment has been checked and tagged			
Use of extension leads double adaptors and power boards are kept to a minimum			
Plugs, sockets, or switches are in good repair			
Leads are free of defects and fraying			
Floors are free from temporary leads			
There are power outlet covers in place			
Internal Environment			
Handwashing and toilets are clean and in good repair			
Ventilation around photocopiers and printers			
First Aid and Infection Control			
Staff hold current approved first aid qualifications			
First aid cabinet is clearly marked and accessible			
Cabinet is stocked and meets Australian Standards			
Disposable gloves are provided			

Infection control procedures are in place			
Current emergency telephone numbers are displayed			
External Areas			
Fencing is secure, unscalable and of a height prescribed by the Building Code of Australia			
Child-proof locks are fitted to gates			
Paving and paths are even and in good repair			
Paving and path are free of slip hazards, such as sand			
Soft-fall and grass areas are free of hazards			
Equipment/materials in good repair and hazard free			