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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 the service that results in injury or trauma
- responsibilities of educators, parents/guardians and 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 the service.



POLICY STATEMENT

The safety, health, wellbeing, rights and best interests of every child are the paramount consideration and must guide all decisions, actions and practices of educators within the education and care service.

VALUES

Whittlesea Family Day Care is committed to:

- providing a safe and healthy environment for all children, educators, 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 Whittlesea Family Day Care

SCOPE

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

Contractors, Volunteers and Students	RESPONSIBILITIES	R indicates legislation requirement
Parents/guardians		
Educators		
Nominated supervisor and persons in day-to-day charge		
Approved provider and persons with management or control		



Ensuring the <i>Incident, Injury, Trauma and Illness Policy</i> and procedures are in place (<i>Regulations 168</i>) and available to all stakeholders (<i>Regulations 171</i>)	R	√			
Taking reasonable steps to ensure that nominated supervisors, early childhood teachers, educators and volunteers follow the policy and procedures and are aware of their responsibilities (<i>Regulations 170</i>)	R	√			
Ensuring that the premises are kept clean and in good repair	R	R	√		√
Maintaining 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 checking equipment in both indoor and outdoor areas for hazards using a daily hazard check, and taking the appropriate action to ensure the safety of the children when a hazard is identified	R	R	√		
Being proactive, responsive and flexible in using professional judgments to prevent injury from occurring	R	R	√		√
Having ready access to an operating telephone or other similar means of communication to enable immediate communication to and from parents and emergency services	R	√	√		
Ensuring that educators have access to medication, Incident, Injury, Trauma and Illness forms (<i>available via Harmony Web [digital and paper-based] and from ACECQA – refer to Sources</i>)	R	√			
Ensuring that there is an educator with a current approved first aid qualification on the premises at all times (<i>refer to Administration of First Aid Policy</i>)	R	√			
Ensuring that there are an appropriate number of up-to-date, fully equipped first aid kits that are accessible at all times (<i>refer to Administration of First Aid Policy</i>)	R	√	√		
Ensuring that children's enrolment forms provide authorisation for the service to seek emergency medical treatment by a medical practitioner, hospital or ambulance service (<i>Regulations 161</i>)	R	√		√	
Notifying the service, upon 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>)				√	
Informing 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, educators and parents/guardians attending the service				√	
Ensuring that the service is provided with a current medical management plan, if applicable (<i>Regulation 162(d)</i>)				√	
Notifying the service when their child will be absent from their regular program				√	

Notifying educators if there is a change in the condition of a/their child's health, or if there have been any recent accidents or incidents that may impact on the child's care e.g. any bruising or head injuries.	R	√	√	√	√
Responding immediately to any incident, injury or medical emergency (<i>refer to procedures and Administration of First Aid policy</i>)	R	R	R		
Ensuring that a parent/guardian of the child is notified as soon as is practicable, 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	√	√		
Notifying other person/s as authorised on the child's enrolment form when the parents/guardians are not contactable	R	√	√		
Considering the emotional wellbeing of all children and educators during and following an accident, injury, trauma or illness events	√	√	√		
Ensuring that regulatory and legislative responsibilities are met in relation to any incident, injury or medical emergency	R	√	√		
Ensuing notifications of serious incidents (<i>refer to Definitions</i>) are made to the regulatory authority (DE) (<i>refer to Definition</i>) through the NQA IT System (<i>refer to Definitions</i>) as soon as is practicable but not later than 24 hours after the occurrence	R	√			
Recording details of any incident, injury or illness in the Incident, Injury, Trauma and Illness Record (<i>refer to Definitions</i>) as soon as is practicable but not later than 24 hours after the occurrence	R	√	√		
Signing the Incident, Injury, Trauma and Illness Record, thereby acknowledging that they have been made aware of the incident				√	
Reviewing and evaluating procedures after an incident or illness as part of the quality improvement process and taking appropriate action to remove the cause if required. For example, removing a nail found protruding from climbing equipment or retraining educators to adhere more closely to the service's <i>Hygiene Policy</i>	R	√	√		
Ensuring that completed medication records are kept until the end of 3 years after the child's last attendance (<i>Regulation 92, 183</i>)	R	√			
Ensuring that Incident, Injury, Trauma and Illness Records are maintained and stored securely until the child is 25 years old (<i>Regulations 87, 183</i>) (<i>refer to Privacy and Confidentiality Policy</i>)	R	√			
Communicating with families about children's health requirements in culturally sensitive ways and implementing individual children's medical management plans, where relevant	R	√	√	√	
Being contactable, either directly or through emergency contacts listed on the child's enrolment form, in the event of an incident requiring medical attention				√	
Requesting the parents/guardians make arrangements for the child or children involved in an incident or medical emergency to	R	√	√	√	

be collected from the service, or informing parents/guardians if an ambulance has been called					
Collecting their child as soon as possible when notified of an incident, injury or medical emergency involving their child				√	
Arranging payment of all costs incurred when an ambulance service required for their child at the service				√	
The Coordination Unit will read and sign off on any recorded incidents and discuss any recommendations towards possible changes to the care environment and/or program.	√	√			
Ensure Educators have access to debriefing after a critical incident has occurred within the FDC environment (<i>refer to procedure</i>)	√	√			



PROCEDURES

Ensuring that the following contact numbers are displayed in close proximity of each telephone:

- 000
- DE regional office
- Approved provider
- Asthma Victoria: 1800 278 462
- Victorian Poisons Information Centre: 13 11 26
- City of Whittlesea Council: 9217 2170.

When there is a medical emergency, all educators will:

- call an ambulance, where necessary
- administer first aid, and provide care and comfort to the child prior to the parents/guardians or ambulance arriving
- implement the child's current medical management plan, where appropriate
- notify parents/guardians as soon as is practicable of any serious medical emergency, incident or injury concerning the child, and request the parents/guardians make arrangements for the child to be collected from the service and/or inform the parents/guardians that an ambulance has been called
- notify other person/s 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 educators -to-child ratios can be maintained at the service
- notify the Coordination Unit of the medical emergency, incident or injury as soon as is practicable
- complete and submit an incident report to the Coordination Unit to report the incident to DE

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

- observing the symptoms of children's illnesses and injuries and systematically recording and sharing 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 that the child is collected from the service if the child is not well enough to participate in the program
- ensure that they separate the child from the group and have the educator monitor the child until the child recovers, a parent/guardian arrives or another responsible person takes charge
- call an ambulance (*refer to definition of medical emergency*) if a child appears very unwell or has a serious injury that needs urgent medical attention
- ensure that 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
- the action taken by the service, including any 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
- the name and signature of the person making an entry in the record, and the time and date that the entry was made
- 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.

Critical incident debriefing for educators

Examples of distress requiring debriefing may include:

- Death or injury of a child in care, other Educators, child's family member
- Verbal abuse, intimidation or harassment
- Physical or psychological threat
- Instances where circumstances have been difficult to manage, protracted or have attracted medical attention Practices
- Minor critical incidents are often part of the day-to-day operations of FDC, in these instances, the debriefing may be managed internally by the FDC Coordination Unit, or other officers within Council.

- In the event of a major critical incident or ongoing chronic incidents occurring in FDC debriefing will be offered to Educators on an individual or group basis as requested by the Educator/s.
- Any debriefing sessions will remain strictly confidential between the Educators and the Approved Provider unless required to be reported by law.

BACKGROUND AND LEGISLATION



BACKGROUND

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

An approved service must have policies and procedures in place in the event that 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.

The *National Regulations* require an accurate Incident, Injury, Trauma and Illness Record to be kept and stored confidentially 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 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 Policy, Diabetes Policy and Epilepsy Policy*.

LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- 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)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: www.legislation.vic.gov.au
- Commonwealth Legislation – Federal Register of Legislation: www.legislation.gov.au



DEFINITIONS

The terms defined in this section relate specifically to this policy.

Emergency services: Includes ambulance, fire brigade, police and state emergency services.

First aid: The provision of initial care in response to an illness or injury. It generally consists of a series of techniques to preserve life, protect a person (particularly if unconscious), prevent a condition worsening and promote recovery. First aid training should be delivered by approved first aid providers, and a list of these is published on the ACECQA website: www.acecqa.gov.au

Hazard: A source or situation with a potential for harm in terms of human injury or ill health, damage to property, damage to the environment or a combination of these.

Illness: Any sickness and/or associated symptoms that affect the child's normal participation in the program at the service.

Incident: Any unplanned event resulting in or having potential for injury, ill health, damage or other loss.

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 by the service. The Approved Provider must ensure an Injury, Trauma and Illness Record is kept in accordance with *Regulation 87 of the Education and Care Services National Regulations 2011* and kept for the period of time specified in *Regulation 183*. A sample is available on the ACECQA website: www.acecqa.gov.au (search 'Sample forms and templates').

Injury: Any physical damage to the body caused by violence or an incident.

Medication: Any substance, as defined in the *Therapeutic Goods Act 1989 (Cth)*, that is administered for the treatment of an illness or medical condition.

Medical management plan: A document that has been prepared and signed by a doctor that describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition, and includes the child's name and a photograph of the child. An example of this is the Australasian Society of Clinical Immunology and Allergy (ASCI) action plan for anaphylaxis.

Medical attention: Includes a visit to a registered medical practitioner or attendance at a hospital.

Medical emergency: An injury or illness that is acute and poses an immediate risk to a person's life or long-term health.

Minor incident: An incident that results in an injury that is small and does not require medical attention.

Trauma: An emotional wound or shock that often has long-lasting effects or any physical damage to the body caused by violence or an incident.

SOURCES AND RELATED POLICIES

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

RELATED POLICIES

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



EVALUATION

In order 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
- review and analyse information gathered from the Incident, Injury, Trauma and Illness Record and educators' first aid records regarding incidents at the service
- 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
- notify all 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)*).



ATTACHMENTS

- NIL

AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 July 2026

REVIEW DATE: 30 July 2029

Review History		
Version	Date	Responsible Person
1.0	30/10/2024	FDC Coordination Unit
1.1	30/07/2026	FDC Coordination Unit