INCIDENT, INJURY, TRAUMA & ILLNESS POLICY

INTRODUCTION

At Southside Montessori School, the health, safety, and wellbeing of all children, staff, families, and visitors are of paramount importance. In accordance with the Education and Care Services National Regulations and the National Quality Framework (NQF) as overseen by ACECQA, our school is committed to implementing comprehensive policies and procedures for managing incidents, injuries, trauma, and illness. These policies are designed to ensure compliance with ACECQA guidelines, uphold the requirements for registration of NSW non-government schools, and provide a safe and supportive environment for all members of our community.

Our policy framework is regularly reviewed and updated to reflect current legislative requirements, best practice standards, and feedback from relevant stakeholders. Reviews are conducted at least annually, or more frequently if there are changes to legislation, regulations, or operational needs, to ensure ongoing compliance and continuous improvement.

POLICY STATEMENT

This policy is designed to ensure the health, safety, and wellbeing of all children, staff, families, and visitors at our School, in accordance with the National Quality Standard (NQS) Quality Area 2, specifically:

- 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 through reasonable precautions, adequate supervision, and effective incident and emergency management.

Our School is committed to meeting the requirements of the Education and Care Services National Regulations, including:

- Regulation 168: Ensuring policies and procedures are in place for incident, injury, trauma, and illness.
- Regulation 86: Notifying parents of any incident, injury, trauma, or illness.
- Regulation 87: Maintaining accurate records of all incidents, injuries, trauma, and illnesses.

We adhere to the policy guidelines set out by the Australian Children's Education and Care Quality Authority (ACECQA) and the NSW Non-government Schools Registration Standards, ensuring that all procedures are compliant with current legislative and regulatory requirements.

This policy must be read in conjunction with our Dealing with Infectious Diseases Policy, which outlines additional procedures for the prevention and management of infectious diseases within the School.

National Quality Standard (NQS)

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.

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
12	Meaning of serious incident
85	Incident, injury, trauma and illness policies and procedures
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PURPOSE

Our School is committed to upholding its duty of care as required under the Education and Care Services National Law and Regulations, ensuring the health, safety, and wellbeing of all children, staff, families, and visitors. This policy guides educators and management in preventing and responding to incidents, injuries, trauma, and illness, in line with the National Quality Standard (NQS) Quality Area 2, specifically:

- **2.2.1 Supervision:** At all times, reasonable precautions and adequate supervision are maintained to protect children from harm and hazard.
- **2.2.2 Incident and Emergency Management:** Comprehensive plans are developed, practiced, and implemented to effectively manage incidents and emergencies.

The policy also clarifies the requirements for identifying and responding to a "serious incident" as defined in Regulation 12 of the National Law, ensuring that all such incidents are managed and reported in accordance with legislative obligations.

In addition, this policy supports compliance with the NSW Non-government schools registration requirements, which mandate that schools must have policies and procedures in place to ensure student welfare and safety, including effective risk management and incident response systems.

SCOPE

This policy applies to all children, families, staff, management, volunteers, students, and visitors of the Service. It covers all activities conducted on the Service premises as well as offsite excursions and activities, ensuring comprehensive management of incidents, injuries, trauma, and illness in accordance with the Education and Care Services National Regulations. The policy is designed to ensure compliance with Regulation 168 (requirement for policies and procedures), Regulation 85 (incident, injury, trauma and illness policies and procedures), Regulation 86 (notification to parents of incident, injury, trauma and illness), and Regulation 87 (incident, injury, trauma and illness record). It also extends to all offsite excursions and activities as required under Regulation 101 (risk assessment for excursions), ensuring that the health, safety, and wellbeing of children and all other persons are protected at all times, regardless of location.

IMPLEMENTATION

MANAGEMENT/NOMINATED SUPERVISOR/RESPONSIBLE PERSON AND EDUCATORS WILL ENSURE:

- School policies and procedures are adhered to at all times
- parents or guardians are notified as soon as practicable and **no later than 24** hours of the illness, accident, or trauma occurring
- Staff must complete the current version of the school's Incident, Injury, Trauma and Illness Record (currently V2.0 – July 2026) which is available via Sentral. The standalone record form replaces any previous versions appended to this or other policies.
- parents are advised to keep the child home until they are feeling well, and they have not had any symptoms for at least 24-48 hours (depending upon the illness and exclusion periods)
- first aid is applied in accordance with the first aid policy, and by a qualified first aider
- qualified educators are present at all times on the roster and in the School
- first aid kits are suitably equipped and checked on a monthly basis.
- first aid kits are easily accessible when children are present at the School and during excursions.
- first aid, anaphylaxis management training, and asthma management training is current and updated on the staff record as required
- adults or children who are ill are excluded for the appropriate period
- children are excluded from the School if staff feel the child is too unwell to attend or is a risk to other children
- educators or staff who have diarrhoea or an infectious disease do not prepare food for others
- cold food is kept cold (below 5 °C) and hot food, hot (above 60°C) to discourage the growth of bacteria
- if the incident, situation or event presents imminent or severe risk to the health, safety and wellbeing of any person present at the School, 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.
- parents are notified of any infectious diseases circulating the School within 24 hours of detection
- staff and children always practice appropriate hand hygiene and cough and sneezing etiquette
- appropriate cleaning practices are followed
- toys and equipment are cleaned and disinfected on a regular basis or immediately if a child who is unwell has mouthed or used these toys or resources. (Mouthed toys bucket procedure is provided.)
- all illnesses are documented in the School *Illness Register*.

FAMILIES WILL:

- provide up to date medical and contact information in case of an emergency
- provide the School with all relevant medical information, including Medicare and private health insurance
- provide a copy of medical management plans
- adhere to recommended periods of exclusion if their child has a virus or infectious illness.
- complete documentation as requested by the educator and/or approved provider- *Incident, Injury, Trauma and Illness record* and acknowledge that they were made aware of the incident, injury, trauma or illness
- inform the School if their child has an infectious disease or illness
- provide evidence as required from doctors or specialists that the child is fit to return to care if required
- provide written consent for educators to administer first aid and call an ambulance if required (as per enrolment record)
- complete and acknowledge details in the *Administration of Medication Record* if required.

IDENTIFYING SIGNS AND SYMPTOMS OF ILLNESS

Teachers, Early Childhood Educators 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 at the School will be closely monitored and if any symptoms described below are noticed, or the child is not well enough to participate in normal activities, parents or an emergency contact person will be contacted to collect the child as soon as possible. A child who is displaying symptoms of a contagious illness (vomiting, diarrhoea) will be moved away from the rest of the group and supervised until he/she is collected by a parent or emergency contact person.

Symptoms indicating illness may include:

- Behaviour that is unusual for the individual child
- High temperature or fevers
- Loose bowels
- Faeces that are grey, pale or contains blood
- Vomiting
- Discharge from the eye or ear

- Skin that display rashes, blisters, spots, crusty or weeping sores
- Loss of appetite
- Dark urine
- Headaches
- Stiff muscles or joint pain
- Continuous scratching of scalp or skin
- Difficulty in swallowing or complaining of a sore throat
- Persistent, prolonged or severe coughing
- Difficulty breathing
- A stiff neck or sensitivity to light

As per our *Sick Child Policy* we 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 in the last 24 hours
  - have had diarrhoea or vomiting in the last 48 hours
  - have been given medication prior to arriving at the School (for example: Panadol or Nurofen) or if they require four-hourly paracetamol.
  - have started a course of anti-biotics in the last 24 hours
  - have a contagious or infectious disease
  - have been in close contact with someone who has a positive confirmed case of COVID-19
  - have been hospitalised in the last 48 hours
  - have been recommended by a Health professional to not attend care

HIGH TEMPERATURES OR FEVERS

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 a child's normal temperature will range between 36.0°C and 37.0°C, but this will often depend on the age of the child and the time of day.

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

WHEN A CHILD HAS A HIGH TEMPERATURE OR FEVER

- Educators will closely monitor the child focusing on how the child looks and behaves and be alert to the possibility of vomiting, coughing or convulsions.
- Educators will notify parents when a child registers a temperature of 38°C or higher.
- The child will need to be collected from the School and will not permitted back for a further 24 hours
- Emergency services will be contacted should the child have trouble breathing, becomes drowsy or unresponsive or suffers a convulsion lasting longer than five minutes.
- Educators will complete an *Illness, Accident & Trauma* record and note down any other symptoms that may have developed along with the temperature (for example, a rash, vomiting, etc.).
- Educators will follow methods to reduce the child's temperature or fever

METHODS TO REDUCE A CHILD'S TEMPERATURE OR FEVER

- encourage the child 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.) Educators will be mindful of cultural beliefs
- parents/guardian will be contacted by phone and informed of their child's temperature
- if requested by a parent or emergency contact person and written parental permission to administer paracetamol is recorded in the child's individual enrolment form, staff may administer paracetamol (Panadol) in an attempt to bring the temperature down. However, a parent or emergency contact person, must still collect the child from the School
- before giving any medication to children, the medical history of the child must be checked for possible allergies
- the child's temperature, time, medication, dosage, and the staff member's name administering the medication and the staff member witnessing the administration will be recorded in the *Incident, Injury, Trauma and Illness Record*. Parents will be requested to sign and acknowledge the *Administration of Medication Form* when collecting their child.

DEALING WITH COLDS/FLU (RUNNY NOSE)

It is very difficult to distinguish between the symptoms of COVID-19, influenza and a cold. If any child, employee or visitor has any infectious or respiratory symptoms (such as sore throat, headache, fever, shortness of breath, muscle aches, cough or runny nose) they are requested to either stay at home or be assessed/tested for

COVID-19. If a child, employee or visitor is tested for COVID-19, they are required to self-isolate until they receive notification from the Public Health Unit of their test results.

Colds are the most common cause of illness in children and adults. There are more than 200 types of viruses that can cause the common cold. Symptoms include a runny or blocked nose, sneezing and coughing, watery eyes, headache, a mild sore throat, and possibly a slight fever.

Nasal discharge may start clear, but can become thicker and turn yellow or green over a day or so. Up to a quarter of young children with a cold may have an ear infection as well, but this happens less often as the child grows older. Watch for any new or more severe symptoms—these may indicate other, more serious infections. Infants are protected from colds for about the first 6 months of life by antibodies from their mothers. After this, infants and young children are very susceptible to colds because they are not immune, they have close contact with adults and other children, they cannot practice good personal hygiene, and their smaller nose and ear passages are easily blocked. It is not unusual for children to have five or more colds a year, and children in education and care services may have as many as 8–12 colds a year.

As children get older, and as they are exposed to greater numbers of children, they get fewer colds each year because of increased immunity. By 3 years of age, children who have been in group care since infancy have the same number of colds, or fewer, as children who are cared for only at home.

Management have 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 a child's nose and coughing can lead to germs spreading to other children, educators, toys, and equipment.

Management will assess each individual case prior to sending the child home.

DIARRHOEA AND VOMITING (GASTROENTERITIS)

Gastroenteritis (or 'gastro') is a general term for an illness of the digestive system. Typical symptoms include abdominal cramps, diarrhoea, and vomiting. In many cases, it does not need treatment, and symptoms disappear in a few days.

However, gastroenteritis can cause dehydration because of the large amount of fluid lost through vomiting and diarrhoea. Therefore, if a child does not receive enough fluids, he/she may require fluids intravenously.

If a child has diarrhoea and/or vomiting whilst at the School, Management will notify parents or an emergency contact to collect the child immediately. In the event of an outbreak of viral gastroenteritis, management will contact the local public health unit on 1300 066 055 (NSW). Management must document the number of cases, dates of onset, duration of symptoms. An outbreak is when two or more children or staff have a sudden onset of diarrhoea or vomiting in a 2-day period. (NSW Government- Health 2019)

Children that have had diarrhoea and/or vomiting will be asked to stay away from the School for 48 hours after symptoms have ceased to reduce infection transmission.

INFECTIOUS CAUSES OF GASTROENTERITIS INCLUDE:

• Viruses such as rotavirus, adenoviruses and norovirus

• Bacteria such as Campylobacter, Salmonella and Shigella

• Bacterial toxins such as staphylococcal toxins

• Parasites such as Giardia and Cryptosporidium

NON-INFECTIOUS CAUSES OF GASTROENTERITIS INCLUDE:

- Medication such as antibiotics
- Chemical exposure such as zinc poisoning
- Introducing solid foods to a young child
- Anxiety or emotional stress

The exact cause of infectious diarrhoea can only be diagnosed by laboratory tests of faecal specimens. In mild, uncomplicated cases of diarrhoea, doctors do not routinely conduct faecal testing.

Children with diarrhoea who also vomit or refuse extra fluids should see a doctor. In severe cases, hospitalisation may be needed. The parent and doctor will need to know the details of the child's illness while the child was at the education and care Service.

Children, educators and staff with diarrhoea and/or vomiting will be excluded until the diarrhoea and/or vomiting has stopped for at least 48 hours.

Please note: If there is a gastroenteritis outbreak at the School, children displaying the symptoms will be excluded from the School until the diarrhoea and/or vomiting has stopped and the family are able to get a medical clearance from their doctor.

PREVENTING THE SPREAD OF ILLNESS

To reduce the transmission of infectious illness, our School implements effective hygiene and infection control routines and procedures.

If a child is unwell or displaying symptoms of a cold or flu virus, parents are requested to keep the child away from the School. Infectious illnesses can be spread quickly from one person to another usually through respiratory droplets or from a child or person touching their own mouth or nose and then touching an object or surface.

Prevention strategies

Practising effective hygiene helps to minimise the risk of cross infection within our School.

Educators model good hygiene practices and remind children to cough or sneeze into their elbow or use a disposable tissue and wash their hands with soap and water for at least 20 seconds after touching their mouth, eyes or nose.

Handwashing techniques are practised by all educators and children routinely using soap and water before and after eating and when using the toilet and drying hands thoroughly with paper towel.

After wiping a child's nose with a tissue, educators will dispose the tissue in a plastic-lined bin and wash their hands thoroughly with soap and water and dry using paper towel.

All surfaces including mats and cushions used by a child who is unwell, will be cleaned with soap and water and then disinfected.

Parents, families and visitors are requested to wash their hands upon arrival and departure at the School or use an alcohol-based hand sanitiser. (Note: alcohol-based sanitisers must be kept out of reach of children and used only with adult supervision.)

Parents will be notified of any outbreak of an infectious illness (eg: Gastroenteritis) within the School via our notice board, online app or email to assist in reducing the spread of the illness.

Exclusion periods for illness and infectious diseases are provided to parents and families and included in our Parent/Family Handbook and Sick Children Policy.

PARENT / FAMILY NOTIFICATION

COVID-19

The Public Health Unit (PHU) will notify the Approved Provider of the School in the event of a positive COVID-19 diagnosis of any child, educator, parent or visitor and conduct contact tracing.

Any decision to close the School and other directions will be provided by the PHU and regulatory body. The Approved Provider will notify the Regulatory Authority within 24 hours of any closure due to COVID-19 via the NQA IT System.

Other Infectious Illness- [gastroenteritis, whooping cough etc.]

Parents will be notified of any outbreak of an infectious illness (eg: Gastroenteritis) within the School via our notice board, online app or email to assist in reducing the spread of the illness

Exclusion periods for illness and infectious diseases are provided to parents and families and included in our Parent/Family Handbook and *Sick Children Policy* and *Control of Infectious Disease Policy*.

SERIOUS INJURY, INCIDENT OR TRAUMA

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

Adequate supervision will be provided to all children.

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

Procedures as per our *Administration of First Aid Policy* will be adhered to by all staff.

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 School. The record will include:

- name and age of the child
- circumstances leading to the incident, injury, 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 educator 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 educator notified or attempted to notify, and the time and date of this

- signature of the person making the entry, and the time and date the record was made

Educators are required to complete documentation of any incident, injury or trauma that occurs when a child is being educated and cared for by the School. 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. Parents/Authorised Nominee must acknowledge the details contained in the record, sign and date the record on arrival to collect their child. All Incident, Injury, Trauma and Illness Records must be kept until the child is 25 years of age.

DEFINITION OF SERIOUS INCIDENT:

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

a) The death of a child:

(i) while being educated and cared for by an Education and Care School 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. For example: whooping cough, broken limb and anaphylaxis reaction

(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.

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.

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, educators 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 more jumpy 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, educators 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 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 determine 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 'difficult' behaviour.

Educators 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.
- 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 reflecting statements (e.g. 'you look sad/angry right now, I wonder if you need some help?').

There are a number of ways for parents, educators 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, Educators 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 educator or 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 or you feel other things are more important. 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. This might be your family doctor or another health professional.
- Accessing support resources- BeYou

Living or working with traumatised children can be demanding so it is important to be aware of your own responses and seek support from management when required.

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 School premises that breaches the National Regulations or is mistakenly locked in or locked out of any part of the School, a serious incident notification must be made to the Regulatory Authority.

A child may only leave the School 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.
Educators ensure that

- the attendance record is regularly cross-checked to ensure all children signed into the School are accounted for
- children are supervised at all times
- visitors to the School are not left alone with children at any time

Should an incident occur where a child is missing from the School, educators and the Nominated Supervisor will:

- 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.

HEAD INJURIES

It is common for children to bump their heads during everyday play, however it if 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 First Aid officer will assess the child, administer any urgent First Aid and notify parents/guardians to encourage collection of their child and to seek medical assistance.

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

- has sustained a head injury involving high speeds or fallen from a height (play equipment)
- loses consciousness
- seems unwell or vomits several times after hitting their head

SOURCE

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Policy Development in early childhood setting
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The Sydney Children's Hospital

CONTINUOUS IMPROVEMENT

To ensure ongoing compliance with the National Quality Standard (NQS) Quality Area 7, specifically Elements 7.1.2 (Management Systems) and 7.1.3 (Roles and Responsibilities), our School is committed to a structured and transparent process of continuous improvement for this policy and its implementation.

- Formal Review Schedule:
  This policy and its associated procedures will be formally reviewed at least annually, or more frequently if there are changes to legislation, regulations, or operational needs. The review will be scheduled and documented in the School's Policy and Procedures Review Timeline.
- ACECQA Checklist Reference:
  The review process will utilise the ACECQA Policies and Procedures Checklist to ensure all regulatory requirements and best practice standards are addressed and incorporated.
- Internal Review Timelines:
  Internal reviews will be conducted in accordance with the School's policy review calendar, with progress notes and review status maintained by the nominated supervisor. Interim reviews may be triggered by significant incidents, regulatory changes, or feedback from stakeholders.
- Staff Feedback:
  Staff are encouraged to provide feedback on the effectiveness and implementation of this policy during regular staff meetings, self-assessment sessions, and through internal communication channels. All feedback will be documented and considered as part of the review process.
- Incident Analysis Process:
  All incidents, injuries, trauma, and illness events will be reviewed and risk assessed to determine appropriate actions to remove or rectify causes and prevent recurrence. Incident data will be analysed to identify trends, inform policy updates, and support continuous improvement.

APPENDICES

- Appendix 1. Incident, Injury, Trauma & Illness Record
- Appendix 2. Administration of Medication Record

RELATED DOCUMENTS

- Illness and Infectious Disease Register SSM
- Illness and Infectious Disease Register SSM (Early learning)
- Incident, Injury & Trauma Register SSM
- Incident, Injury & Trauma Register SSM (Early learning)

REVIEW

Version number	Effective Date	Modifications	Next Policy Review Date
2.2	July 2026	• Removal of embedded Incident, Injury, Trauma and Illness Form. • References to new standalone form added.	July 2027
2.1	September 2025	• Formatting and content considerations • Updated and added the Incident, injury, Trauma Record • Added the Administration of Medication Register • Reviewed and updated to ensure compliance	September 2026
2.0	March 2021	• Policy title changed to align with Regulations 85-87 • Information related to administration of paracetamol added • additional sections added for Head Injuries and Missing or unaccounted children • edits to policy to reflect record keeping requirements • currency of links/sources checked	April 2022
1.6	June 2020	• inclusion of COVID-19 risk mitigation strategies	March 2021

		• information about COVID-19 included in policy • Public Health Unit information added • additional information related to COVID-19 symptoms added to 'dealing with cold and flu' section • references included to Sick Children and Hand Washing Policy • additional resources and sources added	
1.5	March 2020	• Preventing the spread of illness section added • additional information about fevers and temperatures added • section regarding sponging children to reduce fever deleted (Sydney Children's Hospital recommendation) • additional information for trauma added • sources checked for currency/additional sources added	March 2021
1.4	March 2019	• Correct references sourced and added to 'sources' • Additional information added to points. • Sources checked for currency. Sources/references corrected, updated, and alphabetised	March 2020
1.3	May 2019	Exclusion period for gastroenteritis has been changed to assist in minimising the spread of infection	March 2019
1.2	March 2018	Minor, non-critical changes made to the policy in respect of a child's exclusion depending on the illness.	March 2018
1.1	October 2017	Updated the references to comply with the revised National Quality Standards	March 2018
1.0	March 2017	• Minor changes made to ensure compliance with regulations protecting the health and safety of children and Educators. Updated to meet the National Law and/or National Regulations in respect of a	March 2018

		serious incidents and notification purposes.	