

Incident, Injury, Trauma and Illness Procedure

Purpose

This Procedure will define the:

- Procedures to be followed if a person is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma.
- Responsibilities of staff, parents/guardians and the Approved Provider when a person 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.

Scope

This policy applies to the Approved Provider, Nominated Supervisor, Person in Day to Day Charge, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities at MTHCS Early Years Services, including during offsite excursions and activities.

Definitions

The terms defined in this section relate specifically to this policy. For commonly used terms, e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the [Glossary of Terms – Early Years](#).

Incident, Injury, Trauma, Illness - Code Green classification:

- Incident/injury/trauma that is age and stage with development of language and social skills where:
- A child is hurt by another child such as being bitten, hit, kicked, hit with an object, pinched leaving a red mark etc.
- A child hurts another child i.e. biting, kicking, hitting with an object etc.
- Incident/injury/trauma that was a result of using an object or tool as a part of programming resources e.g. bike, tape dispenser, hammer, rope, scissors etc.
- A fall or trip when running or walking resulting in a minor graze.
- Incident/injury/trauma with scratch, graze, small bruise.
- Incident/injury/trauma with blood that can be wiped away with a wet cloth (minimum blood loss).
- Incident/injury/trauma that requires a cold cloth/compress or a band aid only.
- Incident/injury/trauma that are unwitnessed or cause not known but staff can be accounted for.
- Illness that requires medication.

The Early Years Manager can reclassify incidents upon undertaking incident investigation.

Code green incidents are not to be entered into MTHCS Incident management system - VHIMS. These incidents are to be entered into Early Years Incident Report register.

Incident, Injury, Trauma, Illness – Code Amber classification:

- A fall from 1 metre and above in height.
- A head or facial injury with instant bruising or swelling.
- Incident/injury/trauma of a cut or wound with the need to apply pressure for a short amount of time to stop blood loss (medium blood loss).
- Incident/injury/trauma that are unwitnessed or cause not known but staff cannot be accounted for.
- Any Incident/injury/trauma/illness to the eyes.
- Any movement or injury to the teeth.
- Incident/injury/trauma/illness as a result from not following child's Medical Action Plan or Medical Conditions and Health Care Needs Management Plan.
- Incident/injury/trauma that resulted from something that could have been prevented or minimised.
- Incident/injury/trauma/illness that resulted in a child not returning for their next scheduled booking.
- Incident/injury/trauma that could have an impact on the child's physical or emotional development in the future.
- Incident/injury/trauma that results in a [Maintenance Request](#) being generated.

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- Anytime a parent or authorised person is **contacted to collect child** regarding an incident, injury, trauma or illness.
- To be entered into VHIMS.

Incident, Injury, Trauma, Illness - Code Red classification:

- Anything deemed a Serious Notifications (see Definitions).
- Anything where Approved Provider is to be notified.
- Anything where DET and ACECQA are to be notified.
- To be entered onto VHIMS.

Emergency Services: Includes Ambulance, Fire Brigade, Police and State Emergency Service.

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.

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.

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 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. A doctor may be required to sign the plan.

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.

Medical Certificate: A certificate from a doctor confirming the state of someone's health.

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

Notifiable Incident: An incident involving workplace health and safety that is required by law to be reported to WorkSafe Victoria. Notification is required for incidents that result in death or serious injury/illness, or dangerous occurrences. For a complete list of incidents that must be reported to WorkSafe Victoria, refer to the Guide to Incident Notification on the WorkSafe Victoria website. This website also contains online reporting forms: www.worksafe.vic.gov.au. Staff are to complete an incident report form in triplicate. Two copies are to go to the Early Years Manager and one copy is to be filed on site. Forms are available in each workplace.

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Serious Incident:

- The death of a child while that child is being educated and cared for by an education and care service or following an incident occurring while that child was being educated or cared for by an education and care service.
- Any incident involving serious injury or trauma to a child occurring while that child is being educated and cared for by an education and care service
 - which a reasonable person would consider required urgent medical attention from a registered medical practitioner or
 - For which the child attended, or ought reasonably to have attended, a hospital
- Any incident involving serious illness or a child occurring while that child is being educated and cared for by an education and care service for which the child attended, or ought reasonably to have attended, a hospital
- Any injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed or taken from the service in contravention of the regulations or is mistakenly locked in/out of the service premises (Regulation 12).

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.

VHIMS: The Victorian Health Incident Management System (VHIMS) used to document incidents, injuries or trauma of staff, parents, volunteers, students or contractors on site.

Accountability & Responsibilities	Approved provider Persons with management or control	Nominated supervisor PIC	ECT Educators Other Staff	Parents Guardians	Contractors volunteers students
Ensuring that the premises are kept clean and in good repair	●	●	●		●
Ensuring that the orientation and induction of new and relief staff include an overview of their responsibilities in the event of an incident or medical emergency	●	●			
Ensuring that volunteers and parents on duty are aware of children's medical management plans and their responsibilities in the event of an incident, injury or medical emergency		●	●		●
Ensuring all educators are familiar with their centre's Emergency Management Plan	●	●	●		
Maintaining effective supervision (<i>refer to Supervision of Children Procedure</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	●	●	●		
Regularly checking equipment in both indoor and outdoor areas for hazards (<i>refer to Attachment 1</i>), and taking the appropriate action to ensure the safety of the children when a hazard is identified	●	●	●		

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Assisting the Approved Provider with regular hazard inspections (Refer to Early Years Quarterly Audit & Early Years Annual Audit)					
Being proactive, responsive and flexible in using professional judgments to prevent injury from occurring	●	●	●		●
Having ready access to an operating telephone or other similar means of communication to enable immediate communication to and from parents and emergency services	●	●	●		
Ensuring that the following contact numbers are displayed in close proximity of each telephone: <ul style="list-style-type: none"> • 000 • DET regional office • Approved Provider • Asthma Victoria (03) 9327055 or 1800645130 • Poisons information centre Victoria 13 11 26 • Local Council or Shire 	●	●	●		
Ensuring that staff have access to medication, Incident, Injury, Trauma and Illness forms (<i>available from ACECQA – refer to Sources</i>) and WorkSafe Victoria incident report forms (<i>refer to Sources</i>)	●	●			
Implementing individual children's medical management plans where relevant		●	●		●
Ensuring that the service has an <i>Occupational Health and Safety policy</i> and procedures that outline the process for effectively identifying, managing and reviewing risks and hazards that are likely to cause injury, and reporting notifiable incidents to appropriate authorities (<i>refer to Occupational Health and Safety Procedure</i>)	●	●	●		
Ensuring that there is a minimum of one educator with a current approved first aid qualification on the premises at all times (<i>refer to Administration of First Aid Procedure</i>)	●	●			
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 Procedure</i>)	●	●	●		
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>)	●	●		●	
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>)				●	

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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 well being of other children, staff and parents/guardians attending the service				●	
Ensuring that the service is provided with a current medical management plan, if applicable (Regulation 162(d))				●	
Notifying the service when their child will be absent from their regular program				●	
Notifying the service of any changes to person details (e.g. contact number, email address, residential address, change of name, etc.)				●	
Notifying staff/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.	●	●	●	●	●
Responding immediately to any incident, injury or medical emergency (refer to procedures and Administration of First Aid policy)	●	●	●		
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 (Regulation 86)	●	●	●		
Ensuring that a parent/guardian is contacted directly as soon as possible following an incident, injury, trauma or illness that is a Code Amber or Code Red (refer to definitions)	●	●	●		
Notifying other person/s as authorised on the child's enrolment form when the parents/guardians are not contactable	●	●	●		
Considering the emotional well-being 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	●	●	●		
Maintaining all enrolment and other medical records in a confidential manner (refer to Early Years Privacy and Confidentiality policy)	●	●	●		
Ensuring notifications of serious incidents (refer to Definitions) are made to the regulatory authority (DET) (refer to Definition) through the NQA IT System (refer to Definitions) as soon as is practicable but not later than 24 hours after the occurrence	●	●	●		
Recording details of any incident, injury or illness in the Incident, Injury, Trauma and Illness Record	●	●	●		

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(refer to Definitions) as soon as is practicable but not later than 24 hours after the occurrence					
Signing the Incident, Injury, Trauma and Illness Record, or acknowledging the incident on their XAP Smiles App 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 staff to adhere more closely to the service's <i>Hygiene Procedure</i>	●	●	●		
Ensuring that completed medication records are kept until the end of 3 years after the child's last attendance (<i>Regulation 92, 183</i>)	●	●			
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>) (refer to <i>Privacy and Confidentiality Policy</i>)	●	●			
Communicating with families about children's health requirements in culturally sensitive ways and implementing individual children's medical management plans, where relevant	●	●	●	●	
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 be collected from the service, or informing parents/guardians if an ambulance has been called	●	●	●	●	
Collecting their child within 30 minutes when notified of an incident, injury or medical emergency involving their child				●	
Notifying educators when they will be out of town / unable to be contacted while their child is in care				●	
Informing educators if their child has been given Paracetamol, Nurofen or other medications on that day prior to attending the service				●	
Arranging payment of all costs incurred when an ambulance service required for their child at the service				●	

Procedures

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

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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](#).

When there is a medical emergency, educators will:

- Call an Ambulance, where necessary.
- Administer first aid, and provide care and comfort to the child prior to the guardian, nominee or Ambulance arriving.
- Implement the child's current medical management plan, where appropriate.
- Notify guardians as soon as is practicable of any serious medical emergency, and request the guardian make arrangements for the child to be collected from the service and/or inform the guardian that an Ambulance has been called.
- If the child's guardian is not contactable after 5 - 15 minutes*, notify the other nominees on the child's enrolment form

**Time frame depends on the severity of the medical emergency. Severity will be determined by the person in charge.*

- Ensure ongoing supervision of all children in attendance at the service.
- Accompany the child in the Ambulance when the guardian or nominee 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.
- Ensure that the [Incident, Injury, Trauma and Illness Record](#) is completed as soon as is practicable and within 24 hours of the occurrence.
- Complete and submit a **Serious Incident report** if necessary (see serious incident procedure)

Incidents & Injuries

Incidents happen in the care/work environment that are accidental or behavioural in nature despite adequate supervision and risk management measures.

When there is an incident or injury, educators will:

- Call an Ambulance, where necessary.
- Administer first aid, and provide care and comfort to the child/staff member.
- Notify guardians as soon as is practicable of any serious incident or injury concerning the child, and request the guardian make arrangements for the child to be collected from the service and/or inform the guardians that an Ambulance has been called.
- If the child's guardian is not contactable after 5 - 15 minutes*, notify the other nominees on the child's enrolment form

**Time frame depends on the severity of the medical emergency. Severity will be determined by the person in charge.*

- Ensure ongoing supervision of all children in attendance at the service.
- Accompany the child in the Ambulance when the guardian or nominee 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.
- Ensure that the [Incident, Injury, Trauma and Illness Record](#) is completed as soon as is practicable and within 24 hours of the occurrence.
- Complete and submit a **Serious Incident report** if necessary (see serious incident procedure)

Illnesses

Educators are not medical professionals and aim to protect the health of other children at the service, educators, families using the service and wider community.

Symptoms of illness may include:

- Vomiting and/or diarrhoea

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- High temperature
- Undiagnosed rash/skin welts, itchy skin
- Conjunctivitis like symptoms
 - Redness or itchiness of the eye
 - Discharge from the eye
 - Excessive weeping
 - Swelling of the eye
 - Sensitivity to bright lights
- Cold & flu like symptoms
 - Green and runny or blocked nose
 - Persistent cough
 - Lethargic
 - Tiredness/dark circles under eyes
 - Pale or clammy skin
- General discomfort
 - Withdrawn
 - Unsettled
 - As expressed by the child
- Head lice

Vomiting or diarrhoea

- The service leader will contact the child's guardian as a courtesy upon **first case** of vomiting or diarrhoea to outline the signs and symptoms observed and implement the necessary plan.**
- The service leader will contact the child's guardian as a courtesy upon **second case** of vomiting or diarrhoea to request that the child be collected.

***During periods of outbreaks or high numbers of gastroenteritis in the local community, educators may request for a child to be collected after one case of vomiting or diarrhoea.*

- If the child's guardian is not contactable after 5 - 15 minutes*, notify the other nominees on the child's enrolment form

**Time frame depends on the severity of the medical emergency. Severity will be determined by the person in charge.*

- The child will be separated from the other children in an area where they can continue to be supervised by educators until a guardian or nominee arrives to collect the child.
- Inform the guardian or nominee collecting the child of the exclusion period for vomiting/diarrhoea.
- Call an Ambulance (refer to definition of medical emergency) if a child appears very unwell or symptoms significantly worsen.
- Ensure that the Person In Charge 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.

High temperature

- Take and document the child's temperature of their left temple and right temple if a high temperature is suspected. If the two readings are different – educators will go with the highest reading.

When Taking a temperature reading using a digital thermometer under the arm:

Sterilise thermometer with clinell wipe, place the device directly against the skin and hold the arm gently against it. Simply wait until the device beeps or flashes to indicate the reading is complete. Sterilise the thermometer after use.

When taking temperature reading using non-touch thermometer:

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The temporal artery is the closest to the surface of the skin at this point and a more accurate measurement of body temperature is obtained.

Ensure any perspiration is dried before taking the child's temperature.

Hold the thermometer around 3 – 5cm away from the skin when taking the child's temperature.

A significant change of surrounding temperature (device moved from warm to cool area or vice versa) can impact the accuracy of the temperature reading – you must allow at least 30 minutes for the device to acclimatise before use or if safe to do so, relocate the child closer to the location of the thermometer before taking their temperature.

- A child's temperature is considered high if it reaches 38 degrees and above when accompanied by the following symptoms;
 - Unwell or hot to touch
 - Irritable or crying
 - More sleepy than usual
 - Vomiting or refusing to drink
 - Shivering
- If the child is under 3 and has a temperature of 38 degrees, it is recommended that they should see a doctor.
- The service leader/ Room Leader will contact the child's guardian as a courtesy if child has a temperature of 38 degrees and describe any other symptoms.
- Educators will attempt to lower the child's temperature by:
 - removing excessive clothing (shoes, socks, jumper, pants)
 - encouraging the child to take small sips of water
 - moving the child to a quiet area where they can rest whilst being supervised
- Wait for 10 minutes after attempting to lower child's temperature, then retake temperature.
- The service leader will contact the child's guardian to request that the child is collected from the service if the child's temperature is 38 degrees or higher on the second reading with accompanied symptoms.
- If the child's guardian is not contactable after 5 -15 minutes*, notify the other nominees on the child's enrolment form

**Time frame depends on the severity of the medical emergency. Severity will be determined by the person in charge.*

- The child will be separated from the other children in an area where they can continue to be supervised by educators until a guardian or nominee arrives to collect the child.
- Inform the guardian or nominee collecting the child of the exclusion period for high temperatures.
- Call an Ambulance (refer to definition of medical emergency) if a child appears very unwell or symptoms significantly worsen.
- Ensure that the Person In Charge 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.

Undiagnosed rash

- The service leader will contact the child's guardian to request that the child is collected from the service.
- If the guardian can't be contacted, wait 5 – 15 minutes* before contacting authorised nominees for collection of the child

**Time frame depends on severity of illness. Severity to be determined by person in charge.*

- The child will be separated from the other children in an area where they can continue to be supervised by educators until a guardian or nominee arrives to collect the child.
- Inform the guardian or nominee collecting the child of the exclusion period for undiagnosed rashes.

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- Call an Ambulance (refer to definition of medical emergency) if a child appears very unwell or symptoms significantly worsen.
- Ensure that the Person In Charge 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.

Symptoms of Conjunctivitis

- Wipe the child's eyes clean and closely monitor.
- If symptoms persist, the service leader will contact child's guardian to request that the child is collected from the service.
- If the guardian can't be contacted, wait 5 – 15 minutes* before contacting authorised nominees for collection of the child
**Time frame depends on severity of illness. Severity to be determined by person in charge.*
- The child will be separated from the other children in an area where they can continue to be supervised by educators until a guardian or nominee arrives to collect the child.
- Inform the guardian or nominee collecting the child of the exclusion period for conjunctivitis.
- Call an Ambulance (refer to definition of medical emergency) if a child appears very unwell or symptoms significantly worsen.
- Ensure that the Person In Charge 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.

Cold & Flu like symptoms

- Green and runny or blocked nose
- Persistent cough
- Lethargic
- Tiredness/dark circles under eyes
- Pale or clammy skin

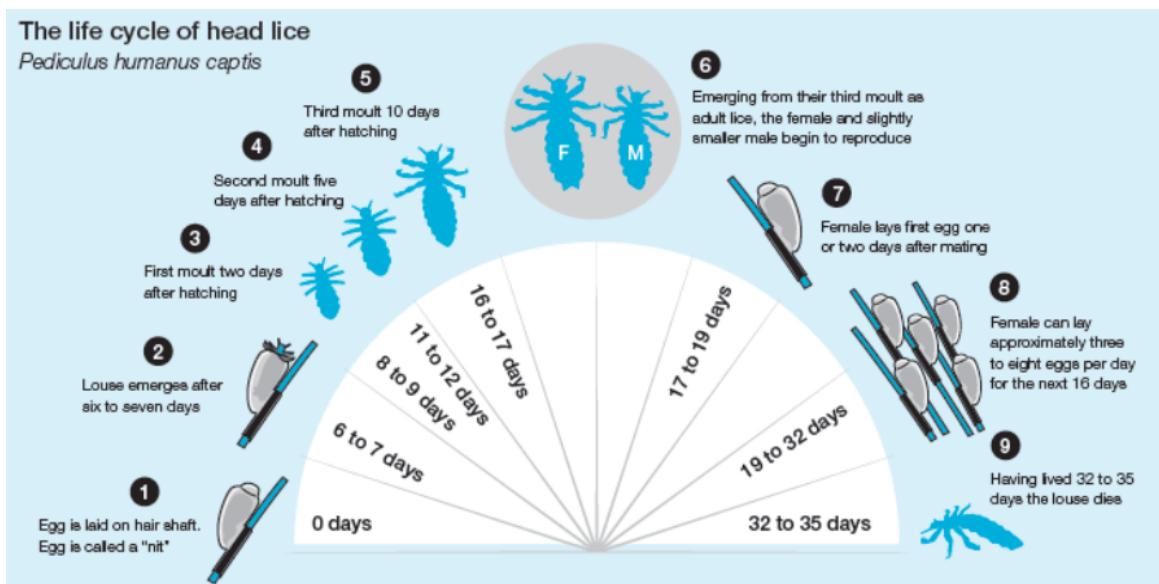
If the child is presenting with at least 2 of the listed symptoms:

- If the child is presenting with 2 or more of the listed symptoms upon arrival to the service, the service leader will refuse attendance of the child
- The service leader will contact the child's guardian to request that the child is collected from the service.
- If the guardian can't be contacted, wait 5 – 15 minutes* before contacting authorised nominees for collection of the child
**Time frame depends on severity of illness. Severity to be determined by person in charge.*
- The child will be separated from the other children in an area where they can continue to be supervised by educators until a guardian or nominee arrives to collect the child.
- Inform the guardian or nominee collecting the child of the exclusion period for cold & flu like symptoms.
- Call an Ambulance (refer to definition of medical emergency) if a child appears very unwell or symptoms significantly worsen.
- Ensure that the Person In Charge 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.

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Head Lice

Head lice are small insects that live on human scalps. They cannot fly or jump so are transmitted by direct contact. Nits are the eggs laid by head lice. Nits stick to individual hairs close to the scalp. Persistent itching or scratching of the head may indicate that a child has head lice.



- Inspect the child's hair for any signs of head lice.

If nits are found:

- The service leader will contact the child's guardian to notify them of the nits found and offer information and support on how to correctly treat their child's hair. If the guardian can't be contacted, the guardian or nominee who collects the child at the end of the session will be notified.
- If the child has long hair this will be tied back to minimise contact with others.

If head lice are found:

- The service leader will contact the child's guardian to request that they collect the child from the service.
- If the guardian can't be contacted, wait 5 – 15 minutes* before contacting authorised nominees for collection of the child

**Time frame depends on severity of illness. Severity to be determined by person in charge.*

- If the child cannot be collected immediately, their hair may be coated in conditioner or tied back to minimise movement of the lice and contact with others.

Support and ongoing cases:

- In some cases MTHCS may be able to provide treatment to families
- If children present with persistent cases of head lice and nits, educators may seek and explore assistance for families through external support services (e.g. Mallee family care, orange door, child FIRST, etc.)
- Persistent cases of head lice – children's hair will be checked by an educator on arrival.
- If any evidence of NITS (eggs) or live LICE, children will be unable to attend for that session.
- Treatment products can be provided by MTHCS on request from family.
- Persistent: Head lice or eggs found 3 times within 10 consecutive days.

Mandatory Reporting

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If any educator forms a reasonable belief that a child at risk of abuse or neglect they are required by law to make a report to CHHS Child Protection, and in some cases Victoria Police.

Following any medical emergency, incident, injury or illness the required reporting processes will be adhered to if an educator does form a reasonable belief that the child is at risk of abuse or neglect.

Exclusion Periods

Common Exclusion Periods:

- Vomiting and / or diarrhoea - 48 hours after the child's last symptoms, if a medical certificate can be provided confirming that the child does not have gastroenteritis, the child can return 24 hours after the last loose bowel motion for vomit.
- Gastroenteritis 48 hours after the child last symptoms
- High temperature - 24 hours
- Undiagnosed rash – Until the rash has cleared *or* until the child has been seen by a doctor and received a medical certificate stating the rash is not contagious and the child is fit to return to care
- Conjunctivitis – Until the discharge has ceased or until the child has been seen by a doctor and received a medical certificate stating the child is not infectious and the child is fit to return to care
- Head lice - Not excluded if effective treatment begins before the next day at education and care services. There must be no signs of eggs or lice present
- Cold & flu – Until the child is visibly well

For other illnesses and exclusion periods MTHCS Early Years services will refer to information in [Staying healthy: Preventing infectious diseases in early childhood education and care services](#)

Incident, Injury, Trauma and Illness records

Educators will complete a record for any incident, injury, trauma or illness of children that occur at the service. Records must be completed as soon as possible, but no later than 24 hours after the incident.

The service leader or EYM will review completed records, complete any necessary investigations and classify the records as Green, Amber or Red.

Any records classified as Red is a serious incident and must be reported as per the Serious Incident procedure.

Any records classified as Amber must be sent to the Early Years Management team who will review these records and conduct any further investigations as required.

Completed records will be scanned to the Early Years administration team earlyyears@mthcs.vic.gov.au for correct filing and record keeping purposes.

Notification Of Serious Incidents

Any incident, injury, trauma or illness that is classified as a Serious Incident (refer to definitions) must be reported to the necessary Departments within 24 hours to ensure reporting requirements are met. (Regulation 176(2) (a)). Records are required to be retained for the periods specified in Regulation 183.

Reporting requirements for services under National Regulations (Ouyen Preschool, Manangatang Preschool, Sea Lake Early Learning Centre)

- QARD: Complete and submit a new form [I01 Notification Of Incident](#) via the NQAITS portal

Reporting requirements for services under Children's Services Regulations 2020 (Mallee Minors Child Care, Murrayville Early Learning Centre, Underbool Early Learning Centre)

- Licensed Children's Services: Complete [AS14 Notification Of Serious Incidents](#) and email to licensed.childrens.services@education.vic.gov.au

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Reporting requirements for incidents to children funded by CCCFR/CCS:

- Commonwealth Department Of Education: Complete CCCF Notification Of Serious Incident form and email to CCCFRestricted@education.gov.au within 24 hours.

Evaluation

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider of the Early Years Services 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 staff 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 Nominated Supervisor, parents/guardians at least 14 days before making any changes to this policy or its procedures, unless a lesser period is necessary due to risk.

Background & Legislation

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.

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

Relevant legislation include but are not limited to:

Child Wellbeing and Safety Act 2005 (Vic)
Children, Youth and Families Act 2005 (Vic)
Children's Services Act 1996

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Children's Services Regulations 2020
Education and Care Services National Law Act 2010
Education and Care Services National Regulations 2011
Family Law Act 1975 (Cth), as amended 2011
Occupational Health and Safety Act 2004 (Vic)
Occupational Health and Safety Regulations 2007
Public Health and Wellbeing Act 2008 (Vic)
Public Health and Wellbeing Regulations 2009 (Vic)
Therapeutic Goods Act 1989 (Cth)
WorkSafe Victoria Compliance Code: First aid in the workplace (2008)

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

Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>

Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

Standards

Relevant standards include but are not limited to:

National Quality Standard, QA 2, 3 & 7

Australian Standards AS3745–2002 - Emergency control procedures for buildings, structures and workplaces

References

- Child Care Provider Handbook
- Victorian Early Years Learning Development Framework
- Early Years Learning Development Framework
- ACECQA sample forms and templates: <https://www.acecqa.gov.au/resources/applications/sample-forms-and-templates>
- Building Code of Australia: <https://www.abcb.gov.au/Connect/Categories/National-Construction-Code>
- Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition, 2013) National Health and Medical Research Council: <https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services>
- VMIA Insurance Guide, Community Service Organisations program: www.vmia.vic.gov.au
- WorkSafe Victoria: Guide to Incident Notification: <http://www.worksafe.vic.gov.au/forms-and-publications/forms-and-publications/guide-to-incident-notification>
- WorkSafe Victoria: Online notification forms: <http://www.worksafe.vic.gov.au/safety-and-prevention/health-and-safety-topics/incident-notification>
- The Commission for Children and Young People: <https://ccyp.vic.gov.au/>

<https://www2.health.vic.gov.au/public-health/infectious-diseases/disease-information-advice>

MTHCS related forms

First Aid Kit Audit

First Aid Kit Contents

Hazard Identification Checklist

Incident Report Register

Incident, Injury, Trauma, Illness Record

Safety Checklist Daily Inspection

Schedule for Review of Safety and Maintenance

Early Years Annual Audit

Early Years Quarterly Audit

MTHCS related policy / procedure

[Administration of First Aid Policy](#)

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Incident, Injury, Trauma and Illness Procedure

[Administration of Medication Policy](#)
[Anaphylaxis Policy](#)
[Asthma Policy](#)
[Child Safe Environment Policy](#)
[Dealing with Infectious Diseases Policy](#)
[Dealing with Medical Conditions Policy](#)
[Diabetes Policy](#)
[Emergency and Evacuation Policy](#)
[Epilepsy Policy](#)
[Excursions and Service Events Policy](#)
[First Aid Kit Procedure](#)
[Hygiene Policy](#)
[Occupational Health and Safety Policy – Early Years](#)
[Privacy and Confidentiality Policy – Early Years](#)
[Road Safety Education and Safe Transport Policy](#)
[Taking a Body Temperature Using a Non-touch Infrared Thermometer Work Instruction](#)