



Accident, Illness and Incident Management Policy

Policy Number	2.14	Version Number	V3
Endorsement Date	5/12/2025	Review Date	5/12/2026

Policy Statement

Child Australia's Services aim to ensure the health, safety and wellbeing of children, staff, families and any other person frequenting the centre, however, should an incident or accident occur or someone frequenting the centre be unwell with an infectious illness, Child Australia's services ensure to have effective procedures in place to manage such occurrences.

Rationale

When groups of children play together, accidents can happen, and illnesses be spread more easily. Bacteria, Viruses, Fungi and Parasites can all be sources for infections and are transmitted via droplets through sneezing or coughing or via contact with items or persons contaminated with bodily excretions or fluids. To achieve this:

- Practices are implemented to reduce the risk of an incident occurring at the service.
- Procedures are defined in case a person is ill or is involved in a medical emergency or an incident at the service that results in injury or trauma.
- Staff, parents/guardians and the Approved Provider all have their responsibility when a person is ill or is involved in a medical emergency or an incident at the service that results in injury or trauma.

Responsibility

Approved Provider ensures:

- That relevant Policies and Procedures are in place,
- That the premises are kept clean and in good repair (see Safe Environment -Protection from Harm and Hazards – and Premises, Furniture, Equipment Cleaning and Maintenance Policies).
- That all completed records are kept as required (see Record Keeping Requirements)

Nominated Supervisor and Responsible Persons ensure:

- That any incident, injury or medical emergency is being responded to swiftly.



- That parents/ guardians, staff and volunteers are informed of this policy.
- That children's enrolment forms provide authorisation for the service to seek emergency medical treatment by a medical practitioner, hospital or ambulance.
- That a parent/guardian is notified as soon as is practicable, but not later than 24 hours after the child is involved in any incident, injury, trauma or illness while at the service.
- To keep a record of all children's immunisations.
- That there is always a minimum of one educator with a current approved first aid qualification on the premises education and care is provided for children.
- That there are an appropriate number of up-to-date, fully equipped first aid kits that are always accessible (see Administering First Aid and CPR Policy).
- That staff have access to medication, Incident, Injury, Trauma and Illness forms.
- Staff and volunteers are aware of children's Ongoing Medical Conditions (See Ongoing Medical Conditions Policy, Asthma Management Policy, Allergy and Anaphylaxis Management Policy).
- Parents/guardians or emergency contact are asked, if deemed necessary, 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.
- That all notifiable incidents are being reported within 24 hours to either the Education and Care Regulatory Unit, Department of Communities (Western Australia) or Quality Education and Care NT, Department of Education (Northern Territory) or via the NQAITS Portal
- That the Approved Provider has been informed of the Serious incident SN01 medical emergency, incident or injury as soon as is practicable

Staff:

- Prevent accidents, injuries, incidents and traumas to the best of their ability by being familiar with and following all relevant policies and procedures,
- Attend to any incident, illness, trauma accident swiftly.
- Administer Emergency Panadol if child's temperature has reached 38.5'C or higher.
- Inform parents via phone call of any injuries to the child top of shoulders and above
- Complete an Incident, Illness, Accident and Trauma Report

Parents/Guardians are responsible for:

- Providing authorisation in their child's enrolment record for the service to seek emergency medical treatment by a medical practitioner, hospital or ambulance service
- Notifying the service, upon enrolment or diagnosis, of any medical conditions and/or needs, and providing a diagnosis or Action plan supplied by a medical professional.



- Being contactable, either directly or through emergency contacts listed on the child's enrolment form.
- Collecting, if deemed necessary, their child as soon as possible when notified of an incident, illness, injury or medical emergency involving their child.
- Refraining from letting their child attend the service in case he/she displays symptoms of illness that may impact on the health and wellbeing of other children, staff and parents/guardians attending the service and adhere to relevant exclusion periods.
- 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, staff and parents/guardians attending the service.

Procedures

- Following an Accident, Illness or Serious incident staff are to complete an online or paper Accident/ incident or illness form for the child, or the staff member concerned.
- This is to be done immediately following seeking medical attention for the child or seeing to the illness as per the corresponding policy.
- Parents or caregivers are to be informed of the incident following as soon as possible and provided the correct details of actions taken
- Parents are to sign the incident form to acknowledge that we have informed them. They do not have to agree to with the incident or our actions taken, and if refusal to sign please sign the time on which they were offered and informed.
- Follow up with the parent the following day to see how the child is going or the staff and ensure that any risk assessments are accurate and if any further action regarding hazards, physical or biological need to be addressed.
- Ensure that if it is to be noted as a serious incident that all documentation is relevant and collected, including witness statements ready to add to the upload in the NQAITS portal for Serious incidents and illness (See Regulatory Response Model).
- If the illness is a mandatory reportable one, ensure that this has been reported to the State health departments. (Call Operational Lead prior to reporting for clarification or alternatively call them if you are unsure.)
- Children/staff displaying a body temperature of higher than 38.5°C should be excluded until the temperature remains normal. (36.5-38 °C).
- A child with a temperature of 38.5°C or above can be administered emergency Panadol but will still have to be collected by a parent/guardian.

Children/staff displaying respiratory symptoms such as

- coughing,
- sneezing,



- a runny or blocked nose,
- sore throat,

especially if they

- have several respiratory symptoms at the same time,
- have developed new symptoms while at the service,
- symptoms are severe or are getting worse (more frequent or severe)
- or also have other symptoms (fever, rash, tiredness, pain, poor feeding),

should be excluded until they have been symptom free for 24 hours.

Children/staff displaying gastric symptoms such as

- diarrhoea
- vomiting
- should be excluded until they have been symptom free for at least 24 hours and staff
- should not be serving food until having been symptom free for at least 48 hours.

Children/staff displaying symptoms such as

- open sores (should be covered up)
- should be excluded until all sores have dried up.

Children displaying symptoms such as

- puss or clear discharge from their eyes especially combined with
- itchy and red eyes,
- should be excluded until discharge from eyes has stopped, or commencement of drops for 24 hours.

Children/staff displaying one or more of the following symptoms:

- Lethargy and decreased activity (just not being their “usual” self)
- Fever (body temperature above 38°C)
- Poor food intake (solids and liquids)
- Poor urine output
- Pain
- Stiff Neck
- Light Sensitivity
- Rash (especially rapidly developing and in combination with other symptoms)

should be excluded until they have been at least 24 hours symptom free.



Returning to the Service

- Sick persons to stay at home until they are better.
- All listed exclusion periods are the minimum exclusion periods. Persons may need to stay home for longer to be well enough to return to the education and care service. For some diseases, additional public health recommendations and exclusion periods may apply.
- In most cases, once symptoms have gone, the person can return to the service. Even if there are mild residual symptoms (i.e. occasional coughing) if the person feels otherwise well, he/she can return to the service.
- Inform the parent/guardian of a child or when the child can return to service 24 hours after the temperature stayed between 36.5 and 38°C
- Inform sick staff when they can return 24 hours after the last gastric symptom but advise them, they can't serve food until 48 hours have passed since the occurrence of the last gastric symptom.

Related Documents and Forms

See QF2 children's Health and Safety Annex
Regulatory Response Model

References

Western Australia

WA Department of Health, *Work Health and Safety Act 2020 (WA)*. Published 2020. Available at: <https://www.wa.gov.au> (Accessed: 2 December 2024).

WA Department of Health, *Work Health and Safety Regulations 2022 (WA)*. Published 2022. Available at: <https://www.wa.gov.au> (Accessed: 2 December 2024).

Department of Communities - Education and Care Regulatory Unit. Published 2024. Available at: <https://www.communities.wa.gov.au> (Accessed: 2 December 2024).

WA Health Public Health Units. Published 2024. Contact details available at: <https://www.healthywa.wa.gov.au> (Accessed: 2 December 2024).

Northern Territory

NT Department of Health, *Work Health and Safety (National Uniform Legislation) Act 2011 (NT)*. Published 2011. Available at: <https://legislation.nt.gov.au> (Accessed: 2 December 2024).

NT Department of Health, *Work Health and Safety (National Uniform Legislation) Regulations 2011 (NT)*. Published 2011. Available at: <https://legislation.nt.gov.au> (Accessed: 2 December 2024).

Quality Education and Care NT (Department of Education). Published 2024. Available at: <https://education.nt.gov.au> (Accessed: 2 December 2024).

References for both WA and NT

Education and Care Services National Law (2011). Published 2011. Available at: <https://www.legislation.vic.gov.au> (Accessed: 2 December 2024).

Education and Care Services National Regulations. Published 2011. Available at: <https://www.legislation.vic.gov.au> (Accessed: 2 December 2024).



Regulation 85: Incident, Injury, Trauma, and Illness Policies.

Regulation 86: Notification of a Serious Incident.

Regulation 168: Policies and Procedures.

Australian Children's Education & Care Quality Authority (ACECQA), *Approved First Aid Qualifications*.

Published 2024. Available at: <https://www.acecqa.gov.au> (Accessed: 2 December 2024).

National Health and Medical Research Council (NHMRC), *Staying Healthy*. Published 2024. Available

at: <https://www.nhmrc.gov.au> (Accessed: 2 December 2024).

First Aid Requirements. Published 2024. Available at: <https://www.acecqa.gov.au> (Accessed: 2 December 2024).

National Quality Standard (NQS), *Quality Area 2: Children's Health and Safety*. Published 2024. Available

at: <https://www.acecqa.gov.au> (Accessed: 2 December 2024).