

INCIDENT, INJURY, TRAUMA AND ILLNESS

QUALITY AREA 2 | ELAA version 1.2



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 staff, 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

VALUES

Civic Kindergarten is committed to:

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

SCOPE

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

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/guardians	Contractors, volunteers and students
R indicates legislation requirement, and should not be deleted					
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, staff 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 (<i>refer to Attachment 1</i>), 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 a mobile phone to enable immediate communication to and from parents and emergency services	R	√	√		
Ensuring that staff have access to medication, Incident, Injury, Trauma and Illness forms (<i>refer to Sources</i>) and WorkSafe Victoria incident report forms (<i>refer to Sources</i>)	R	√			
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 Policy</i>)	R	√	√		
Ensuring that there is a minimum of one educator with a current (within the previous 3 years) approved first aid qualification on the premises at all times (<i>refer to Administration of First Aid Policy</i>)	R	√			
<div style="border: 1px solid black; padding: 5px;"> <p>As a demonstration of duty of care and evidence-based practice, ELAA recommends that all early childhood teachers and educators have current (within the previous 3 years) approved first aid qualifications, anaphylaxis management training and asthma management training.</p> </div>	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 contain all the prescribed information, including 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, staff and parents/guardians attending the service				√	
Ensuring that the service is provided with a current medical management plan (<i>refer to Definitions</i>), if applicable (<i>Regulation 162(d)</i>) (to be arranged by parent/guardian)				√	
Notifying the service each time their child will be absent from their regular program				√	
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.	R	√	√	√	√
<div style="border: 1px solid black; padding: 5px;"> <p>Part of the Child Safe Standards, it is important that if a child presents upon arrival to the service with any visible injury or trauma, this should be discussed and documented prior to the parent/guardian leaving the service (<i>refer to Child Safe Environment and Wellbeing policy</i>)</p> </div>	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 staff 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 be collected from the service, or informing parents/guardians if an ambulance has been called	R	√	√	√	
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				√	



PROCEDURES

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

- 000
- DE regional office 8904 2500
- Approved Provider – See Confidential Committee Contact List in office for mobile contact of President.
- Asthma Australia: 1800 278 462
- Victorian Poisons Information Centre: 13 11 26
- Local council or shire, City of Port Phillip 9209 6777

When there is a medical emergency, all staff 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 staff-to-child ratios can be maintained at the service
- notify the approved provider of the medical emergency, incident or injury as soon as is practicable
- complete and submit an incident report to DE, the approved provider and the service's public liability insurer following a serious incident.

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

- 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 a staff member remain with 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.



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 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 and Allergic Reactions Policy*, *Diabetes Policy* and *Epilepsy and Seizures 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. For regularly used terms e.g. Approved Provider, Nominated Supervisor, Notifiable complaints, Serious Incidents, Duty of Care, etc. refer to the Definitions file of the PolicyWorks catalogue.

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

First aid: Is the immediate treatment or care given to a person suffering from an injury or illness until more advanced care is provided or the person recovers. First aid training should be delivered by approved first aid providers, and a list is published on the ACECQA website: [acecqa.gov.au](http://www.acecqa.gov.au).

Civic Kindergarten: The commonly used name of our children's service. The Approved Provider is Pre-School Association Middle Park Incorporated on our license (PSAMPI).

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, 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').

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

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

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.

Medication: Medicine within the meaning of the *Therapeutic Goods Act 1989* of the Commonwealth. Medicine includes prescription, over-the-counter and complementary medicines. All therapeutic goods in Australia are listed on the Australian Register of Therapeutic Goods, available on the Therapeutic Goods Administration website tga.gov.au

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
- VMIA Insurance Guide, Community Service Organisations program: www.vmia.vic.gov.au
- WorkSafe Victoria: Guide to Incident Notification: www.worksafe.vic.gov.au
- WorkSafe Victoria: Online notification forms: www.worksafe.vic.gov.au

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 and Seizures

- 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 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 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

- Attachment 1: Outdoor & Indoor hazard identification checklist
- Attachment 2: Incident, Injury, Trauma and Illness Record EXAMPLE (book of forms available in the office).



AUTHORISATION

This policy was adopted by the approved provider of Civic Kindergarten 5th September 2024

REVIEW DATE: September 2027.

DOCUMENT HISTORY

Version	Date	By	Reason for change
1.0	2014	ELAA	Initial Draft – ELAA template 2014
2.0	9/11/2015	Policy Officer, Director of Teaching.	Review and endorsement by Committee of Management (CoM)
3.0	1/11/2016	Policy Officer, Director of Teaching	Review and endorsement by Committee of Management (CoM)
4.0	19/06/2018	Policy Officer, Director of Teaching	Document history table added to the policy document to evidence review and update to the policy. The policy was reviewed and endorsed by the Committee of Management (CoM)
5.0	July 2020	Policy Officer, President, Director of Teaching	Reviewed and endorsed by CoM.
6.0	July 2022	Policy Officer, President, Director of Teaching	Reviewed and endorsed by CoM.
7.0	Sep 2024	Policy Officer, President, Director of Teaching	Reviewed and endorsed by CoM.

ATTACHMENT 1. CIVIC KINDERGARTEN INTERNAL HAZARD IDENTIFICATION WEEKLY CHECKLIST

CITY OF PORT PHILLIP - DAILY HAZARD IDENTIFICATION CHECKLIST - CIVIC KINDERGARTEN									
OUTDOORS - staff member must walk around the entire perimeter of the outside fence whilst completing check									
Week # _____ date beginning _____	M	T	W	T	F	Maintenance Urgent Non-urgent	Notes if any	Initials	
1. Outdoor Area									
Outdoor area is free of hazards e.g. broken equipment, rubbish, water collections, garden tools, trip hazards etc. (also being aware of possible vandalism). Broken items to be removed from service.									
Fencing is secure, unscalable and of a height prescribed by the Building Code of Australia (no breaches in the fence or materials left adjacent that would assist children to scale the fence)									
Softfall is clear of rubbish e.g. syringes, broken glass, rocks and other objects that may be a hazard if children fell									
Storage rooms accessible, organised, clean, locked, chemical cupboard locked, unlock childrens clothing cupboard in children's bathroom.									
Removal all possum debris from seating, equipment.									
Worm farm lid secure, insect filters on.									
Shelving in shed safe and accessible to children.									
Water emptied our of all recepticals including tyres, reels, tubs and buckets.									
Splashpond water tank emptied of water each Friday. Water to be released via hose to the outside of kindergarten in case of water presenting with algae. Water to be refilled on Monday AM, weather permitting.									
2. Manual handling and ergonomics									
Heavy equipment (such as planks and trestles) is stored in a way that enables it to be lifted safely									
3. Separation Layers									
Soft fall mulch is free from weeds, grass and moss. Underlying geotextile is not visible									
Softfall mulch under/around equipment is raked so it is evenly distributed and minimum depth of 250mm is maintained									
Sandpit/s clear of rubbish (raked as appropriate)									
Soil digging pit/s clear of rubbish (raked as appropriate)									
Rubber surfaces are in good repair (no cracks, rotting or deterioration)									
Synthetic turf is in good repair (no holes, tears or separation of seams)									
Timber decking is in good condition (wood not rotting or decaying), check for splintering									
Vegetation in garden beds is healthy. Vegetation and woodchip mulch provides adequate cover over soil in garden beds									
Follow-up action taken? Y/N (Please alert the Operations Manager to take action ie. Lodge maintenance request through OneCouncil, contact Citywide, other.)									
COMPLETED DAILY HAZARD CHECKLISTS MUST BE KEPT FOR A MINIMUM OF TWO YEARS									
<small>*Geotextiles are permeable synthetic fabrics installed between soil and loose materials like soft fall mulch or sand. They come in a range of colours, but white, grey or orange are the most common.</small>									
INTERNAL - DAILY & WEEKLY HAZARD IDENTIFICATION CHECKLIST - CIVIC KINDERGARTEN									
INDOORS - staff member must walk around the entire internal centre whilst completing check									
Week # _____ date beginning _____	M	T	W	T	F	Maintenance Urgent Non-urgent	Notes if any	Initials	
Indoor Area									
4. All Floors									
Floor surface is even and in good repair - daily									
Floor surface is free from tripping and slipping hazards (e.g. oil, water, sand) - daily									
Floor mats are in good, clean condition. No visible threads or tears. Corners are not lifting - Monday									
Floor Surface is safe (e.g. not likely to become excessively slippery when wet) - daily									
5. Kitchen and work benches									
Work bench space is adequate and at comfortable working height - Monday									
Kitchen and work bench space is clean and free of clutter - daily									
Equipment not in use is properly stored at the end of each day - daily									
Lighting is satisfactory - weekly									
Kitchen items are clean and in good working order - weekly									
6. Emergency evacuation									
Staff have knowledge of fire drills and emergency evacuation procedures - weekly									
Fire drill instructions are displayed prominently in the service - weekly									
Regular fire drills are conducted - weekly									
Extinguishers are in place, recently serviced and clearly marked for type of fire - weekly									
Exit signs are posted and clear of obstructions - weekly									
Exit doors are easily opened from inside - weekly									
7. Security and lighting									
Security lighting is installed in the building - weekly									
There is good natural lighting - weekly									
Light fittings are clean and in good repair - weekly									
Emergency lighting is readily available and operable (e.g. torch) - weekly									
8. Windows									
Windows are clean, admitting plenty of daylight - daily									
Windows have no broken panes - daily									
CONTINUED NEXT PAGE									

INTERNAL - DAILY & WEEKLY HAZARD IDENTIFICATION CHECKLIST - CIVIC KINDERGARTEN										
INDOORS - staff member must walk around the entire internal centre whilst completing check										
9. Ladders										
Ladders and steps are stored at the room entrance, visible and easily accessible - daily										
Ladders and steps are free of defects (e.g. broken or missing rungs etc.) & conform to Aust. Standards - weekly										
They are used appropriately to access equipment stored above shoulder height and returned to their original location - daily										
10. Chemicals and hazardous substances										
All chemicals are clearly labelled - daily										
All chemicals are stored in locked cupboard - daily										
Material Safety Data Sheets (MSDS) are provided for all hazardous substances - daily										
11. Storage (internal and external)										
Storage is designed to minimise lifting problems - daily										
Storage areas (including higher shelving) are not overloaded and all items safely accessible - daily										
Storage areas are cleaned out quarterly to ensure newest equipment and resources are accessible with old equipment and resources removed from service - daily										
Materials are stored securely ie. Cupboards are locked - daily										
Floors are clear of obstacles, no items stored on floor - daily										
12. Manual handling and ergonomics										
Food trolley wiped down - daily										
Trolleys or other devices are used to move heavy objects										
Workstations are set up with the chair at the correct height - weekly										
13. Electrical										
Electrical equipment has been checked and tagged - as per CoPP's schedule										As per CoPP Schedule
Use of extension leads, double adaptors and power boards are kept to a minimum - weekly										
Plugs, sockets or switches are in good repair - weekly										
Leads are free of defects and fraying - weekly										
Floors are free from temporary leads - daily										
There are power outlet covers in place - daily										
14. Internal environment										
Hand-washing facilities and toilets are clean and in good repair										
15. First aid and infection control										
Staff have current approved first aid qualifications and training.										As per Staff Workplace Training as per Regulations in Office
First aid cabinet is clearly marked and accessible - weekly										
First aid Cabinet is fully stocked and meets Australian Standards (refer to Administration of First Aid Policy) - weekly										
Disposable gloves are provided - weekly										
Infection control procedures are in place - weekly										
Current emergency telephone numbers are displayed - weekly										
16. Office										
There is adequate ventilation around photocopiers and printers - weekly										
Plugs, sockets or switches are in good repair - weekly										
Heaters are off the ground and working correctly - weekly										
17. Safety Check										
Emergency key, ropes, whistle, backpack in place along with medical conditions & medical action plans with meds.										
Emergency exits clear (indoors and external) . Emergency exit gate closed, front (two) doors secure.										
Check front door emergency exit - if YELLOW line exposed re-set with key.										
Blind cords secured.										
Follow-up action taken? Y/N (Please alert the Operations Manager to take action ie. lodge maintenance request through OneCouncil, contact Citywide,										

ATTACHMENT 2. INCIDENT, INJURY, TRAUMA AND ILLNESS RECORD EXAMPLE (ACTUAL FORMS AVAILABLE FROM A PAD WITHIN THE KINDERGARTEN).


INCIDENT / INJURY / TRAUMA AND ILLNESS RECORD

Child's Details
 Date of Birth: _____ Age: _____ years.
 First Name: _____
 Surname: _____
 Group/Room: _____

Incident / Injury / Trauma & Illness Details
 Describe the incident & state the incident occurred (the injury or illness) and completed by the appropriate staff member.
 Date: _____
 Time: _____
 No. Injured: Incident Injury Trauma Illness

Circumstances leading to or surrounding the incident / injury / trauma or illness
 Describe the circumstances leading to or surrounding the incident / injury / trauma or illness in detail. For general or first aid incidents, a diagram of the incident can be included.

Indicate where the child was injured (if applicable)



Action taken by Education & Care Service or Family Day Care Educator:
 (In addition to any first aid administered, full or partial first aid administered, if applicable, details of any first aid administered.)

Was any medical attention sought? Yes / No
 Name of medical professional: _____
 Was a medical professional contacted? Yes / No
 Where is the medical professional located? Yes / No
 How did the medical professional respond? Yes / No
 Should the child be referred to hospital? Yes / No
 Why was emergency care not sought (Police, Fire, Ambulance or other)? Yes / No
 If you are responsible for the incident, please provide details of the incident in the box below. If you are not responsible, please provide details of the incident in the box below. If you are responsible, please provide details of the incident in the box below. If you are not responsible, please provide details of the incident in the box below.

Person Notified or Attempted to Notify of Incident / Injury / Trauma or Illness
 Full Name: _____ Date Notified: _____
 Relationship to Incident: _____
 Date Recorded: _____
 Signature: _____

Witness to Incident / Injury / Trauma or Illness
 Full Name: _____ Date Recorded: _____
 Relationship to Incident: _____
 Date Recorded: _____
 Signature: _____

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INCIDENT / INJURY / TRAUMA AND ILLNESS RECORD

Where is the Education & Care Service or Family Day Care residence where the incident / injury / trauma or illness occurred?
 Indoor / Outdoor / Playground

Location description:
 Draw a diagram if appropriate to illustrate.

Follow up Notes (attach additional pages if needed)

Action taken to avoid future incident / injury / trauma or illness (attach additional pages if needed)

Person entering record (Must be recorded as soon as practicable and within 24 hours of the event)
 Full Name: _____ Date Recorded: _____
 Relationship to Incident: _____
 Date Recorded: _____
 Signature: _____

Witness to incident / injury / trauma or illness
 Full Name: _____ Date Recorded: _____
 Relationship to Incident: _____
 Date Recorded: _____
 Signature: _____

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