



Incident, Injury, Trauma and Illness Policy

The health and safety of all staff, children, families and visitors to Birra-Li is of the utmost importance. We aim to reduce the likelihood of incidents, illness, accidents and trauma through implementing comprehensive risk management, effective hygiene practices and the ongoing professional development of all staff to respond quickly and effectively to any incident or accident.

We acknowledge that in early education and care services, illness and disease can spread easily from one child to another, even when implementing the recommended hygiene and infection control practices. Birra-Li aims to minimise illnesses by adhering to all recommended guidelines from relevant government authorities regarding the prevention of infectious diseases and adhering to exclusion periods recommended by the Australian Government National Health and Medical Research Council (NHMRC) Staying healthy guidelines and the Public Health Unit.

When groups of children play together and are in new surroundings, accidents and illnesses may occur. Birra-Li is committed to effectively managing our physical environment to allow children to experience challenging situations whilst preventing serious injuries.

In the event of an incident, injury, trauma or illness, all staff will implement the guidelines set out in this policy to adhere to National Law and Regulations and inform the regulatory authority as required.

National Quality Standard (NQS):

Quality Area 2: Children's health and safety		
2.1	Health	Each child's health and physical activity is supported and promoted.
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 Safety and Protection	Management, educators and staff are aware of their roles and responsibilities regarding child safety. Including the need to identify and respond to every child at risk of abuse or neglect.
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Education and Care Services National Law and Regulations:

S.2A	Paramount consideration – safety, rights and best interests of children
S.165	Offence to inadequately supervise children
S. 174	Offence to fail to notify the regulatory authority
S. 167	Offence relating to protection of children from harm and hazards
12	Meaning of a serious incident
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85	Incident, injury, trauma and illness policies and procedures
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Purpose:

Educators have a duty of care to respond to and manage incidents, injury, trauma, accidents and illnesses that may occur at Birra-Li and to ensure the safety and wellbeing of children, educators, staff and visitors. This policy will guide educators to manage illness and prevent injury and the spread of infectious diseases and provide guidance of the required action to be taken in the event of an incident, injury, trauma or illness occurring when a child is educated and cared for.

Scope:

This policy applies to children, families, educators, staff, Nominated Supervisor, management, students, volunteers and visitors of Birra-Li.

Implementation:

Birra-Li ensures that policies and procedures are in place for incident, injury, trauma and illness and take reasonable steps to ensure policies and procedures are followed. In the event of an incident, injury, trauma or illness all staff will implement the guidelines set out in this policy and associated procedure to adhere to legislative requirements under the National Law and National Regulations and inform the regulatory authority as required for notifiable incidents.

Birra-li is guided by explicit decisions regarding exclusion periods and notification of any infectious disease by the Australian Government- Department of Health and local Public Health Units in our jurisdiction under the Public Health Act. All decisions relating to incident, injury, trauma or illness management are guided by the paramount consideration of children’s safety, health, rights and best interests.

Injury, incident or trauma:

In the event of any child, educator, staff, volunteer or contractor having an accident at the Service, an educator who holds a First Aid Certificate will attend to the person immediately. Adequate supervision will be provided to all children attending the Service.

Any workplace incident, injury or trauma will be investigated, and records kept as per WHS legislation and guidelines. All staff and educators are required to follow the procedures outlined in our *Administration of First Aid Policy* and *Administration of First Aid Procedure*.

Definition of serious incident:

Regulations require the Nominated Supervisor to notify the regulatory authorities within 24 hours of any serious incident at the Service through the [NQA IT System](#).

A serious incident is defined as any of the following:

- The death of a child:
 - while being educated and cared for by an Education and Care Service or
 - following an incident while being educated and cared for by an Education and Care Service.
- 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:
 - a reasonable person would consider required urgent medical attention from a registered medical practitioner or
 - for which the child attended a hospital. For example: whooping cough, broken limb and anaphylaxis reaction.
- Any incident or emergency where the attendance of emergency services at the Education and Care Service premises was sought (e.g.: severe asthma attack, seizure or anaphylaxis)
- Any circumstance where a child being educated and cared for by an Education and Care Service
 - appears to be missing or cannot be accounted for or
 - appears to have been taken or removed from the Education and Care Service premises in a manner that contravenes these regulations or
 - 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. All costs incurred in ensuring prompt medical attention for a child will be met by the parents/guardian.

Incident, injury, trauma and illness record:

An *Incident, Injury, Trauma and Illness* record contains details of any incident, injury, trauma or illness that occurs, or allegedly occurs, while the child is being educated and cared for. 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.
- 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 Service. 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 (see *Record Keeping and Retention Policy*).

Missing or unaccounted for child:

At all times, reasonable precautions and adequate supervision is provided to ensure children are protected from harm or hazards. If a child appears to be missing, unaccounted for or removed from the Service premises, or is mistakenly locked in or locked out of any part of the Service, the Nominated Supervisor must ensure a serious incident notification is made to the regulatory authority.

A child may only leave the Service in the care of a parent, an authorised nominee named in the child's enrolment record, on an excursion with authorisation from the parent/caregiver or because the child requires medical, hospital, ambulance care or another emergency.

Educators will ensure that:

- The attendance record is regularly cross-checked to ensure all children signed into the Service are accounted for.
- Children are supervised at all times.
- Visitors to the Service are not left alone with children at any time.

Should an incident occur where a child is missing from the Service, 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.
- Contact emergency services if the child is not located within a 10-minute period, the Nominated Supervisor 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 Nominated Supervisor 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 can be difficult to determine whether the injury is serious or not. In the event of any head injury, an educator with the Nominated Supervisor or responsible person will assess the child, administer any urgent first aid and notify parents/guardians of the incident and if it is necessary to collect their child. Upon collection of their child an *Incident, Injury, Trauma and Illness Record* will be written up for the parent to sign.

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

- Has sustained a head injury involving high speeds or fallen from a height.
- Loses consciousness.
- Has a seizure, convulsion or fit.
- Seems unwell or begins to vomit after hitting their head.

Trauma:

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, assault, threats of violence, domestic violence and neglect or abuse. Parental or cultural trauma can also have a traumatising effect on children.

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 experiences 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 jumpier 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. It is imperative to realise that a child's behaviour may be a response to the traumatic event rather than just 'challenging' or '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 reflective 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 if possible.
- Planning ahead with a range of strategies 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.
- Accessing support resources.

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

Illness management:

To reduce the transmission of infectious illness, Birra-Li implements effective hygiene and infection control routines and procedures.

Effective hygiene practices to minimise the risk of cross infection include:

- Educators role modelling good hygiene practices and reminding children to cough and sneeze into their elbow or use a disposable tissue and wash their hands immediately with soap and water after touching their mouth, eyes or nose.
- Handwashing techniques using soap and water before and after eating, after changing children's nappies, after toileting and drying hands thoroughly with a paper towel.
- Wearing PPE.
- Cleaning any spills of bodily fluid and all surfaces including bedding used by a child who is unwell, with soap and water and then disinfected.
- Implementing procedures for cleaning and disinfecting nappy/toilet change areas after use.
- Helping and assisting children when toileting and washing their hands.
- Excluding children, educators and staff from the Service who show symptoms of infectious disease.

Children arriving at the Service who are unwell:

Management will not accept a child into care if they:

- Have a diagnosed contagious illness or infectious disease (specific exclusion periods may apply).
- Have a temperature above 38.0° C.
- Have been given medication for a temperature prior to arriving at the Service (for example: Panadol).
- Have had *any* diarrhoea and/or vomiting in the last 48 hours.

Identifying signs and symptoms of illness:

Early childhood educators and management are not doctors and are unable to diagnose an illness or infectious disease, however, as our educators are familiar with the children in their care, they will watch for symptoms of sickness. If a child becomes ill whilst at the Service, educators will respond to their individual symptoms of illness and provide comfort and care. Illness management practices will be implemented in a manner that upholds child safe principles, including adequate supervision, respectful interactions, protection of children's dignity and privacy, and emotional wellbeing, particularly when children are isolated or unwell.

To ensure the symptoms are not infectious and minimise the spread of an infection, medical advice along with a medical certificate may be required to ensure a safe and healthy environment.

These measures may include but are not limited to the following:

- Exclusion of unwell staff, children and visitors.
- Notifying vulnerable people within the workplace of the risks of the virus/illness including:
 - People with underlying medical issues.
 - Children with diagnosed asthma or compromised immune systems.
- Reduce mixing of children by keeping rooms separated.
- Enhanced personal hygiene for children, staff and parents (including frequent hand washing).
- Full adherence to the NHMRC childcare cleaning guidelines
- Cleaning and disinfecting surfaces. Washing and laundering play items and toys as per cleaning schedules or when necessary.

Please note: it is not always possible to obtain a doctor's certificate or clearance for suspected cases of an illness. The decision to approve a child's return is up to the Nominated Supervisor.

Children who appear unwell at the Service 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 or virus (vomiting, diarrhoea, fever) will be moved away from the rest of the group and supervised until they are collected by a parent or emergency contact person.

Symptoms indicating illness may include:

Fever (Temperature 38°C or above)	Skin displaying rashes, blisters, spots, crusty or weeping sores
Diarrhoea	Behaviour that is unusual for the individual child
Lethargy and decreased activity	Difficulty swallowing or complaining of a sore throat
Vomiting	Persistent, prolonged or severe coughing
Discharge from the eyes or ears	Stiff muscles or joint pain
Difficulty breathing	Headaches
A stiff neck or sensitivity to light	Poor urine output/dark urine
Loss of appetite	

High temperatures or fevers:

Children get fevers or temperatures for all kinds of reasons. Most fevers and the illnesses that cause them only last a few days. Authorities suggest a child’s normal temperature will range between 36.5°C and 38.0°C this will often depend on the age of the child and the time of day.

Any child with a high temperature reaching 38.0°C or higher will not be permitted to attend Birra-Li until 24 hours after the temperature has subsided.

When a child develops a high temperature at the service:

If a child becomes ill whilst at Birra-Li, educators will respond to their individual symptoms of illness and provide care and comfort. 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. The child will be cared for in an area that is separated from other children in the Service to await pick up from their parent/authorised emergency contact.

- For infants under 3 months old, parents will be notified immediately for any fever over **38°C**. If a parent is not contactable, emergency contacts will be contacted. If emergency contacts are

unable to be contacted and emergency medical assistance is required, the *Administration of First Aid Policy* will be followed and emergency services will be contacted if required.

- Educators will notify parents when a child registers a temperature of 38°C or higher. The child will need to be collected as soon as possible and will not be permitted to attend Birra-Li until 24 hours after the temperature has subsided.
- Educators will monitor the child carefully to ensure their condition does not get worse and call an ambulance immediately if the child has trouble breathing, be unresponsive or suffers a convulsion.
- Educators will complete an *Incident, Injury, Trauma and Illness* record and note down any other symptoms that may have developed along with the temperature (for example, a rash or vomiting).

Respiratory symptoms:

Respiratory symptoms include cough, sneezing, runny or blocked nose and sore throat. 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. A runny or blocked nose is a common symptom for many respiratory conditions or diseases which may be infectious. Some causes, however, are not infectious such as allergies (hay fever).

As each child may have different symptoms of a respiratory illness, Birra-Li will consider exclusion based on the severity of the symptoms and the child's behaviour. Children can become distressed and lethargic when unwell and should be at home with a parent or carer under close supervision.

A child will be excluded from the Service if:

- the respiratory symptoms are severe or;
- the symptoms become worse during the course of the day (more frequent or severe) or;
- the child has other concerning symptoms (fever, tiredness, pain, poor feeding).

Diarrhoea and vomiting (gastroenteritis):

If a child has diarrhoea and/or vomiting whilst at Birra-Li, 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. Management must document the number of cases, dates of onset and duration of symptoms.

An outbreak is when two or more children or staff have a sudden onset of diarrhea or vomiting in a 2-day period.

Children, staff and educators with diarrhoea and/or vomiting will be excluded from the Service for **48 hours** after symptoms have subsided to reduce infection transmission, as it is not uncommon for symptoms to reappear after 24 hours.

An *Incident, Injury, Trauma and Illness record* must be completed as per regulations. Notifications for serious illnesses must be lodged with the Regulatory Authority and Public Health Unit.

Preventing the spread of illness:

To reduce the transmission of infectious illness, effective hygiene and infection control routines and procedures will be followed. If a child is unwell or displaying symptoms of a cold or flu virus, parents are requested to keep the child away from the Service. 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.

Notifying families and emergency contact – sickness or infectious illness:

- It is a requirement of the Service that all emergency contacts are able to pick up an ill child within a **30-minute** timeframe.
- In the event that the ill child is not collected in a timely manner the next emergency contact person documented on the child's emergency contact form will be contacted.
- In the event that the ill child is not collected in a timely manner, or should parents refuse to collect the child, a warning letter will be sent to the families outlining Service policies and requirements. The letter of warning will specify that if there is a future breach of this nature, the child's enrolment position may be terminated.
- Parents or guardians are notified as soon as practicable and no later than 24 hours of the illness, accident, or trauma occurring.
- Families will be notified of any outbreak of an infectious illness (e.g.: Gastroenteritis, whooping cough) within the Service via our notice board and/or email to assist in reducing the spread of the illness.
- When a child has been diagnosed with an illness or infectious disease, the Service will refer to information about recommended exclusion periods from the Public Health Unit (PHU) and *Staying*

healthy: Preventing infectious diseases in early childhood education and care services, 6th Edition (2024).

- Exclusion periods for illness and infectious diseases are provided to families along with clear information about any illness or disease via Factsheets from [Staying healthy, 6th Edition](#).

Management/Nominated Supervisor/responsible person and educators will ensure:

- That obligations under the Education and Care Services National Law and National Regulations are met and child's safety and wellbeing are prioritised at all times.
- Service policies and procedures are adhered to at all times.
- Each child's enrolment records include authorisations by a parent or person named in the record for the Nominated Supervisor or educator to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and if required, transportation by an ambulance service.
- Parents or guardians are notified as soon as practicable and no later than 24 hours of the illness, accident, or trauma occurring.
- *An Incident, Injury, Trauma and Illness Record* is completed accurately and in a timely manner as soon after the event as possible (within 24 hours).
- Every reasonable precaution is taken to protect children from harm and hazards likely to cause injury.
- All educators, staff and students are aware of their mandatory reporting obligations and responsibilities.
- Staff, educators, volunteers and students adhere to the National Mode Code guidelines and legislative and regulatory requirements.
- Accurate attendance records are kept at all times.
- All educators hold a current ACECQA approved first aid quantification including CPR resuscitation, anaphylaxis management training and emergency asthma management training.
- Families 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 kits are suitably equipped and checked on a 2-month basis (see *First Aid Kit Checklist*).
- First aid kits are easily accessible when children are present at the Service and during excursions.

- Children or staff members who are diagnosed with an illness or infectious disease may be excluded as per recommended exclusion periods.
- Children are excluded from Birra-Li if staff feel the child is too unwell to attend or is a risk to other children.
- If the incident, situation or event presents imminent or severe risk to the health, safety and wellbeing of any person present at Birra-Li, or if an ambulance was called in response to the emergency the regulatory authority will be notified within 24 hours of the incident.
- The regulatory authority is notified of any allegation of physical or sexual abuse within 24 hours of the incident, or within 24 hours of the Nominated Supervisor being aware of any incident or allegation using the [NQA ITS](#) incident form.
- Any incident, injury, trauma, illness or allegation of physical or sexual abuse to a child whilst being educated and care for, is recorded as soon after the event as possible (within 24 hours).
- Families are notified of any infectious disease circulating the Service 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, this will be recorded on each rooms cleaning schedules.
- Families are notified to collect their child if they have vomited or had diarrhoea whilst at the Service.
- Additional cleaning will be implemented during any outbreak of an infectious illness or virus.
- All illnesses are documented in the Service *Incident, Injury, Trauma and Illness Record*.
- Information regarding the health and wellbeing of a child or staff member is not shared with others unless consent has been provided.
- A review of practices is conducted following a serious incident at the Service, including an assessment of areas for improvement.

Families will:

- Provide authorisation in the child's enrolment record for the Nominated Supervisor or educator to administer first aid, seek medical treatment from a medical practitioner, hospital or ambulance service and if required, transportation by ambulance service.

- Provide up to date medical and contact information in case of an emergency.
- Provide emergency contact details and ensure details are kept up to date.
- Provide the Service with all relevant medical information.
- Ensure that their child is able to be collected from Birra-Li if required due to illness by either a parent or emergency contact.
- Provide a copy of their child's *Medical Management Plan* and update annually or whenever medication/medical needs change.
- 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.
- Keep up to date with their child's immunisation, providing a copy of the updated AIR Immunisation History Statement to the Service following each immunisation on the National Immunisation Schedule.
- Inform the Service 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.
- Complete and acknowledge details in the *Administration of Medication Record* if required.

Continuous improvement:

The *Incident, Injury, Trauma and Illness Policy* will be reviewed every 18 months or earlier if there are changes to legislation, ACECQA guidance or incidences related to child safety. Feedback will be requested from families, educators and management.

Sources:

Australian Children's Education & Care Quality Authority. (2026). [Guide to the National Quality Framework](#)

Australian Children's Education & Care Quality Authority. (2025). [Policy and Procedure Guidelines. Incident, Injury, Trauma and Illness Guidelines.](#)

Australian Government Department of Education. (2022). [Belonging, Being and Becoming: The Early Years Learning Framework for Australia. V2.0.](#)

BeYou (2024) [Natural disaster Response](#)

Early Childhood Australia. (2016). *Code of Ethics.*

[Education and Care Services National Law Act 2010](#)
[Education and Care Services National Regulations 2011](#)
 Health Direct <https://www.healthdirect.gov.au/>
 National Health and Medical Research Council. (2024). [*Staying healthy: Preventing infectious diseases in early childhood education and care services. 6th Edition.*](#)
 Raising Children Network: <https://raisingchildren.net.au/guides/a-z-health-reference/fever>
 SafeWork Australia: [First Aid](#)
[Western Australian Legislation Education and Care Services National Law \(WA\) Act 2012](#)
[Western Australia Legislation Education and Care Services National Regulations 2012](#)

Review:

Policy Reviewed	Modifications	Next Review Date
June 2020 July 2022 June 2023 November 2024		February 2022 January 2024 December 2024 May 2026
May 2026	Related policy section removed. Merged <i>Sick Children Policy</i> and <i>Incident, Injury, Trauma and Illness Policy</i> . Added children’s safety, wellbeing and best interests to be paramount consideration for all service operations. Edits to enhance and strengthen child safety practices.	November 2027