Incident, Injury, Trauma and Illness Policy and Procedure
POL2-P24

1. Purpose

This policy sets out how Affinity Education Group (Affinity) manages incidents, injuries, trauma and illness to protect the safety, health and wellbeing of children while they are being educated and cared for.

It explains Affinity's approach to preventing harm, responding promptly and calmly when incidents occur, providing appropriate care and first aid, and communicating clearly with families and relevant authorities.

This policy supports Affinity's responsibilities under the Education and Care Services National Law and Education and Care Services National Regulations, including requirements for notification, documentation and ongoing review.

2. Scope

This policy applies to all educators, staff, students, volunteers, contractors, families and visitors across all Affinity services, centres, programs and business operations when an incident, injury, trauma or illness occurs, or has the potential to occur, while a child or adult is on the premises or participating in an Affinity-led activity.

This policy must be read together with the POL 6-P6 Dealing with Complaints, POL 2-P4 Dealing with Medical Conditions, POL 2-P15 Infectious Disease, Immunisation and Exclusion and POL 2-P5 Child Safety and Protection Procedure. And supported by the following POL 2-P26 Administration of First Aid Procedure and POL 2-P27 Emergency and Evacuation Procedure

This policy does not cover workplace injuries to employees, which are managed under the POL 4-P17 Injury Management and Return to Work Procedure.

3. Definitions

The following definitions support consistent understanding of the terms used in this policy/procedure.

Term	Definition
Minor incident	An incident that results in an injury that is small and does not require medical attention.
Notifiable incident	Any incidents that seriously compromise the safety, health or wellbeing of children. The notification needs to be provided to the regulatory authority and also to parents within 24 hours of a serious incident. An incident or allegation of physical or sexual abuse to a child while at an education and care service also needs to be notified to the regulatory authority within 24 hours or within 24 hours of the approved provider becoming aware of the incident or allegation. The regulatory authority can be notified online through the NQA IT System. These will be referred to the Incident Support Team

Serious incident	A serious incident (regulation 12) is defined as any of the following:
	• the **death of a child** while being educated and cared for by the service or following an incident while being educated and cared for by the service
	• any **incident involving a serious injury or trauma to a child** while that child is being educated and cared for, which:
	  ○ a reasonable person would consider required urgent medical attention from a registered medical practitioner; or
	  ○ the child attended or ought reasonably to have attended a hospital e.g. broken limb*
	  ○ any **incident involving serious illness of a child** while that child is being educated and cared for by a service for which the child attended, or ought reasonably to have attended, **a hospital** e.g. severe asthma attack, seizure or anaphylaxis*
	NOTE: In some cases (for example rural and remote locations) a General Practitioner conducts consultations from the hospital site. Only treatment related to serious injury, illness or trauma is required to be notified, not other health matters.
	• any emergency for which **emergency services** attended
	NOTE: This means an incident, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of a person at an education and care service. It does not mean an incident where emergency services attended as a precaution.
	• a child appears to be **missing or cannot be accounted** for at the service
	• a child appears to have been **taken or removed** from the service in a manner that contravenes the National Regulations
	• a child is mistakenly **locked in or locked out of the service** premises or any part of the premises.
	These will be referred to the Incident Support Team

Injury	Any physical damage to the body caused by violence or an incident.
Trauma	Is when a child feels intensely threatened by an event he or she is involved in or witnesses. Source: https://www.nctsn.org/what-is-child-trauma/trauma-types/early-childhood-trauma
Physical abuse*	For the purposes of NQF notifications, child physical abuse refers to the use of physical force against a child that results in harm to the child. Depending on the age of the child and the nature of the adult's behaviour, physical force that is likely to cause physical harm to the child may also be considered abusive. For example, a situation in which a baby is shaken by an adult but not injured would still be considered physical abuse.
Sexual abuse*	For the purposes of NQF notifications, the definition of child sexual abuse varies depending on the relationship between the victim and the perpetrator. In the context of education and care, the definition of sexual abuse is any sexual behaviour, including grooming behaviour, between by an adult and to a child or by a child to another child. Adults working in an education and care service are in a position of power or authority over children and any sexual behaviour by an adult towards a child is sexual abuse.

*In NSW these are classed as a serious incident

4. Guiding principles

At Affinity, we believe that child safety is everyone's responsibility. We are committed to upholding the safety, rights and wellbeing of all children and promote a culture of child safety with a zero tolerance approach to child abuse and harm. Affinity ensures the Paramountcy Principle is applied in all aspects of our work. All decisions and actions related to the operation and delivery of education and care services must prioritise children's safety, rights and best interests above all other considerations.

The following principles guide how Affinity approaches incidents, injuries, trauma and illness across all services and environments:

- **Child safety and wellbeing first** – The safety, health and wellbeing of children is the primary consideration in all decisions and actions. Children are supported with care, dignity and respect, especially when they are unwell, injured or distressed.
- **Prevention before harm** – Risks are identified early and managed wherever possible to prevent incidents from occurring. Environments, routines and supervision are reviewed regularly to reduce known hazards.
- **Calm and timely response** – When an incident, injury, trauma or illness occurs, educators respond promptly, stay calm, and take appropriate action to support the person involved and keep others safe.
- **Clear and respectful communication** – Families are kept informed in a timely, honest and respectful way. Information is shared with care, recognising that incidents can be stressful and emotional.
- **Professional judgement and accountability** – Educators and leaders use professional judgement guided by training, experience and this policy. Responsibilities are understood, and actions are taken in line with legal and organisational requirements.
- **Privacy, dignity and support** – Personal information is handled sensitively and shared only with those who need to know. Children, families and staff are treated with dignity, and support is offered following serious or distressing incidents.

These principles underpin all actions described in this policy and guide professional judgement when decisions are required.

4.1. Risk-aware, child-centred prevention approach

This policy is informed by a risk-aware, child-centred prevention approach, which guides how environments, practices and decisions are structured to minimise the likelihood of incidents occurring. These practices support child safety and wellbeing and guide consistent decision making, as set out in **POL 2-P25 Supervision**, **POL3-P1 Providing a Child Safe Environment**, **POL 3-P4 Risk Assessment**, **POL 2-P4 Dealing with Medical Conditions**, **POL 2-P27 Emergency and Evacuation Procedure**, **POL 2-P26 Administration of First Aid Procedure** and other supporting policies and procedures and **3.3.13 Follow up and Prevent Potential Incidents**

This approach recognises that:

- Risks can arise in everyday environments and routines. Educators take a proactive role in identifying hazards before children access spaces or resources, removing risks where possible and applying appropriate controls to ensure children are not exposed to harm.
- Educators maintain a strong understanding of each child, including their development, behaviour, temperament and individual needs. This knowledge informs how children are supervised and supported, enabling educators to anticipate risks and respond early to changes in behaviour or environment.
- Children's health and medical needs are actively monitored at all times. Educators remain aware of individual medical conditions and respond quickly to early signs of illness or risk, ensuring appropriate action is taken.
- Active supervision underpins all practice, with educators continuously monitoring children, positioning themselves effectively, and remaining alert to potential hazards or emerging risks in the environment.
- Safe practice is supported through the presence of appropriately trained educators at all times, including those with current first aid, anaphylaxis, asthma and emergency response training. Educators are equipped with the knowledge and capability to prevent, identify and respond to incidents.

- Environments are further supported by maintaining accessible and well-stocked first aid kits and ensuring emergency contact information is clearly visible and readily available, enabling prompt and effective response when required.

Through consistent, proactive practices and shared responsibility, educators, leaders and families work together to maintain safe environments, reduce risk, and embed a culture of prevention that supports the ongoing health, safety and wellbeing of all children.

5. Procedures

These procedures describe the key actions that support safe, consistent and compliant practice when preventing and managing incidents, injury, trauma and illness. Detailed workflows, system steps and role-specific instructions are maintained in Promapp.

5.1. Respond to incidents, injury, trauma and illness

Ensure individuals affected by an incident, injury or illness are supported promptly, risks are contained, and appropriate care is provided. This means responding calmly, keeping others safe, and taking action that reflects the seriousness of the situation. These practices support consistent and safe responses, as set out in Promapp **3.3.12 Report Incidents and Complaints by Centres**

Procedure

When incidents occur, though some incident can be minor in nature, staff must know how to respond appropriately. It will depend on the situation and may require staff to:

- **administer first aid**—make sure all staff understand how to administer first aid and this is documented in **POL 2-P26 Administration of First Aid Procedure** and **3.3.06 Administer First Aid**
- **contact emergency services or medical professionals when required -** err on the side of caution. If you're not sure, call 000 following **3.3.07 Call 000** and/or **3.4.01 Manage Emergency Evacuation and Lockdown**
- **document and record information** – following ***Communicate and record section*** and below table **'***Logging incidents or complaints with the appropriate documentation'* depending on type of incident/complaint.
- **report any incident within 12 hours in Service Now** - Following **3.3.12 Report Incidents and Complaints by Centres** and **GUI 1334 Escalation Matrix**
- **contact and communicate with families**—being open and transparent with families, in a timely manner, is essential to ensure children receive the best possible care. Following **3.3.11 Respond to and Communicate Incidents by Centres**
    - The Responsible Person must notify families immediately after an incident, injury, trauma or medical emergency, or as soon as is practicable but no later than 24 hours after
- **manage the emotional wellbeing of all children and educators**—serious incidents can be traumatic and stressful; consider how best to support children and staff during and following a serious incident following **3.3.13 Follow up and Prevent Potential Incidents**
- **maintain adequate supervision**—caring for a child post-incident is essential, however staff must ensure they are still providing adequate supervision for all children.

After an incident occurs, staff:

- **must meet the requirements** to notify parents and notify Incident Support Team so that it can be reported to the Regulatory Authority following ***Notify and Report section***
- **learn from incidents**—reviewing and evaluating procedures after an incident is a part of the quality improvement process. Policies, procedures may be updated and staff may undertake additional training if required after an incident to prevent recurrence and improve safety. Modifications to the physical environment, quality improvement plan, risk assessments and staff roles and responsibilities for health safety and wellbeing may also be necessary following ***Review and Improve section***.

Escalation and support

When there is uncertainty or increased risk, the matter must be escalated to the Responsible Person/ Nominated Supervisor for guidance and support following **GUI 1334 Escalation Matrix** for classifications of Insignificant, Minor, Moderate, Serious, Major and Catastrophic Incidents.

5.2. Communicate and record

Ensure communication is timely and respectful, records are accurate and secure, and learnings are used to improve practice. This means families and stakeholders are informed appropriately, records meet requirements,

Key actions

- communication is factual, sensitive and timely; ensuring that the family of the child is notified as soon as is practicable, but no later than 24 hours after the incident, injury, trauma or illness. Following **3.3.11 Communicate Incidents by Centres**
- records are completed accurately and stored securely including **FRM 2-F10 Incident Report,** relevant forms, documentation and signatures
- Incident or Complaint case is raised in ServiceNow within 12 hours and supporting documentation attached detailed in table below;

- privacy and confidentiality are maintained at all times.

Documentation required when logging an incident/complaint

Type	SubType	Supporting Documentation required	May be asked for more information but should be uploaded in first instance where available
Incident	Injury/Trauma	- FRM 2-F10 Incident Report - **File Note**: Parent/Guardian Correspondence with an update from the family regarding any urgent medical attention sought and the outcome - Enrolment form of child downloaded from XAP	- Medical Clearance Certificate - Confirmation of any external Factors involved in incident eg. Photos, File notes on actions - Complete root cause reflection FRM 7-F60 Root Cause Analysis Record.
	Illness	- FRM 2-F7 Illness Report - **File Note**: Parent/Guardian Correspondence with an update from the family regarding any urgent medical attention sought and the outcome - Enrolment form of child downloaded from XAP	- **File Note**: whether emergency services attended, what was discussed, whether the child was transported to hospital - Medical Clearance Certificate - Medical Management Plan
	Child missing or unaccounted for 3.1.26 Monitor attendance of children	- FRM 2-F10 Incident Report - **File Note**: Parent/Guardian Notification/Communication with details from Educators detailing incident ie. When the child was last accounted for, when they were found, duration of time unsupervised etc. - Provide information on whether CCTV footage is available at the centre/area - Enrolment form of child downloaded from XAP	- Complete root cause reflection FRM 7-F60 Root Cause Analysis Record.docx - FRM 2-F35 Room Register Educator Sign In Out/ FRM2-F64 Head Count Record - Supervision plan - File Note: Steps taken to mitigate the risk of reoccurrence
	Any circumstance posing risk to Health, Safety or Wellbeing 3.3.09 Manage exclusion and outbreaks 3.4.01 Manage Emergency Evacuation and Lockdown 3.3.16 Manage Hazards and escalated maintenance requests	- FRM 2-D4b Monthly Illness Register **(for infectious disease outbreak IDO)** - **IDO only:** ○ Copy of Notification to the Public Health Unit ○ Evidence of centre display notifying of infectious illness ○ File Note: Actions taken by centre to mitigate the risk of spread - **Harm & Hazards:** FRM 2-F18 Evacuation, Lockdown and Emergency Response Record - **Ratio Breach:** FRM 4-F40 Ratio Tracking Sheet & file notes from Educators	- Evidence of notification to families (Storypark post, XAP, email/phone inperson) - Risk assessment and FRM 7-F60 Root Cause Analysis Record - Photos of environment/hazard uploaded to case - File note: Immediate actions taken
	Emergency Services Attended 3.3.07 Call 000 3.4.01 Manage Emergency Evacuation and Lockdown	- FRM 2-F18 Evacuation, Lockdown and Emergency Response Record - Evidence of notification to families (Storypark post, XAP, email/phone in person) - **File Note:** Witnessing educators of account of emergency	- Enrolment form of child downloaded from XAP

	Child locked in or out	- FRM 2-F10 Incident Report - **File Note:** Witnessing educators account - **File Note:** Initial notification/communication to the family - Provide information on whether CCTV footage is available at the centre/area - Enrolment form of child downloaded from XAP	- Complete root cause reflection FRM 7-F60 Root Cause Analysis Record - Supervision plan - **File Note:** Steps taken to mitigate the risk of reoccurrence
	Closure or reduction of children attending 3.4.14 Manage Temporary Closures	- **File Note:** Detailing what led to the closure/reduction and actions taken - Storypark notification to families - Copy of jobs logged in CityFM	- Risk assessment and FRM 7-F60 Root Cause Analysis Record - Photos of the affected area (if relevant)
	Child protection and safety reports (DHS, FACS etc) 3.3.10 Manage Child Safety and Protection	- Copy of the Mandatory Report to Child Safety/Policy - Attach Lodgement on Child Protection Register (NSW Only) - **File Note:** Witnessing educators of account - Enrolment form of child downloaded from XAP	- **File Note:** Detailing communication with family and whether provided Parent/Family Code of Conduct if parent has shown signs of inappropriate or violent behaviour at the centre
	Death of a child	**CRITICAL – As soon as practicable phone all relevant teams (Regional Manager, Director of Operations, IST team/Compliance)** - FRM 2-F10 Incident Report - **File Note:** Witnessing educators accounts and comprehensive notes of details that occurred - Enrolment form of child downloaded from XAP	
Complaint	Complaint alleging the law has been contravened 3.1.10 Manage Complaints	- Copy of Complaint received or File Note of complaint where verbal - Copy of centre's response to complaint - **File notes**: Educators who are witness, mentioned or involved in complaint - **File notes:** detailing conversations that have been had with the accused educator(s) addressing concerns - **File notes**: Detailing steps taken to address concerns/complaint - Provide information on whether CCTV footage is available at the centre/area	- Relevant Nappy/Food charts/Sunscreen records / Room Register/ Headcount tracker (depending on nature of complaint) - Supervision Plan - Enrolment form of child downloaded from XAP
	Complaint alleging a serious incident has occurred or occurring 3.1.10 Manage Complaints	- Copy of Complaint received or File Note of complaint where verbal - Copy of centre's response to complaint - Enrolment form of child downloaded from XAP - **File notes**: Educators who are witness, mentioned or involved in complaint	- FRM 2-F10 Incident Report - FRM 2-F35 Room Register Educator Sign In Out/ FRM2-F64 Head Count Record - (depending on nature of complaint) - Supervision Plan

		- **File notes**: Detailing steps taken to address concerns/complaint - Provide information on whether CCTV footage is available at the centre/area	

Child protection register (NSW Only)

Centres are required to maintain a child protection register to ensure appropriate follow-up of matters relating to the safety and wellbeing of children in addition to all the steps detailed in this procedure (such as allegations, child safety concerns, reports to external regulatory bodies). Following Promapp process **3.3.10 Manage Child Safety and Protection Procedure**

Sexualised behaviour involving children

All staff play an important role in making informed professional judgements regarding sexualised behaviour involving children. Not all sexual behaviour involving children poses a risk to their safety. It may be age-appropriate and expected sexualised behaviour.

Informed judgements regarding sexualised behaviour help to ensure the health, safety and wellbeing of children by:

- supporting healthy sexual development (age-appropriate sexualised behaviour)
- protecting them from harm or abuse (inappropriate or problem sexualised behaviour).

Note that in some cases, sexualised behaviour involving children may fall within reporting requirements under other laws.

Resources on identifying and responding to sexualised behaviour in children

State and territory governments have created a range of resources that may assist providers and educators to identify and respond to sexualised behaviour in children.

State/territory	Resources on responding to problem sexual behaviour in children
Australian Capital Territory	ACT Government guide to reporting child abuse and neglect in the ACT which identifies a range of indicators of sexual abuse.
New South Wales	NSW mandatory reporter guide is a structured decision-making tool intended to complement mandatory reporters' professional judgement and critical thinking.
Northern Territory	NT Department of Education guidelines regarding sexual behaviour in children for schools and early education and care settings.
Queensland	Qld online child protection guide is a decision support guide to assist professionals to report or refer families to Department of Communities, Child Safety and Disability Services.
South Australia	SA Department of Education Child Development responding to problem sexual behaviour in children and young people – guidelines for staff in education and care settings.
Tasmania	Tasmanian Government Responding to Family Violence Guide to assist practitioners in responding to problem sexualised behaviour involving children.
Victoria	Vic Department of Human Services specialist practice resource – children with problem sexual behaviours and their families and Child Protection Practice Manual.
Western Australia	Department of Communities, Child Protection - How to recognise different types of child abuse and what to do when a child or young person tells you that he or she is being abused or neglected resources. Help services and resources about sexual behaviours in children.

Monitor and manage sexualised behaviour

Staff may find it helpful to use resources like the Traffic Light Quick Reference Guide to monitor and manage sexualised behaviours in children. The TLF was developed by True and describes healthy sexual behaviours (green), concerning behaviours (orange) and harmful behaviours (red) for children 0-17. It also explains possible reasons for specific behaviours, suggested responses and provides case studies.
Visit the True website for more information about these resources.

Escalation and support

When serious concerns or recurring patterns are identified, the matter must be escalated to operations leadership or Incident Support Team for review and action. When immediate communication is not possible, it must occur as soon as practicable.

5.3. Notify and report

Ensure any relevant incidents or complaints are reported in line with requirements. Following **GUI 1334 Escalation Matrix** and using the National Decision Tree | ACECQA, ACECQA Notification Types and Timeframes alongside Promapp **8.2.18 Classify and Escalate Incidents and Complaints** and **8.6.16 Comply with Reportable Conduct Scheme (VIC/ NSW/ ACT/ WA)**.

Key Actions

- Incident Support Team will notify the regulatory authority within **24 hours** of a serious incident, or incident or allegation of physical abuse or sexual abuse to a child while being educated and cared for at an education and care service; or within 24 hours of the approved provider becoming aware of the incident or allegation, online using the NQAITS - I01 Notification of Incident form
- Incident Support Team will notify the regulatory authority within **24 hours** of any complaint alleging that a serious incident has occurred while the child is educated and cared for or complaints alleging that the Law has been contravened (Section 174(2)(b)). This includes any complaints about the physical or sexual abuse of a child while being educated and care for at a service, online using the NQAITS - I01 Notification of Incident form
- Incident Support Team will notify the regulatory authority within **7 days** of becoming aware of a circumstance arising at the service that poses a risk to the health, safety or wellbeing of a child (Regulation 175(2)(c), Regulation 176(2)(c)).
- Incident Support Team initiates internal referrals and actions tasks (eg. Legal, People and Culture, Facilities)
- Centre Managers to ensure that the National Decision Tree | ACECQA is informed to staff

5.3.1. Manage serious and high-risk incidents

Ensure serious and high-risk incidents are managed safely, escalated appropriately, and handled in line with legal and organisational requirements as set out in ProMapp **8.2.18 Classify and Escalate Incidents and Complaints** and **8.6.16 Comply with Reportable Conduct Scheme (VIC/ NSW/ ACT/ WA)** and following the **GUI 1334 Escalation Matrix**.

Key actions

The key actions below outline the practical steps that must be followed, the **Incident Support Team** will:

- determine whether an incident meets the definition of serious;
- take required escalation and reporting actions; and
- preserve relevant information and environments where needed.
- those affected receive appropriate support.

Escalation and support

All serious and high-risk incidents must be escalated to the Incident Support Team for coordination and advice. Follow Promapp **8.7.10 Manage a Crisis**

5.3.2. Child Safety and Reporting to Regulatory Bodies

Written or verbal complaints received must be communicated to the Nominated Supervisor immediately and be logged as soon as possible within 12 hours of receiving the complaint on the Compliance, Risk and Safety portal on ServiceNow. Follow **POL 2-P5 Child Safety and Protection Procedure**

The Incident Support team review all complaints submitted through the Compliance, Risk and Safety portal on ServiceNow and determine if they meet the threshold of reporting to Regulatory Authority. The Regulatory Authority must be notified:

- Within 24 hours of any complaints alleging
  - that a serious incident has occurred or is occurring while a child was or is being educated and cared for by the approved education and care service; or
  - that the Law has been contravened
- Within 7 days of becoming aware of a circumstance arising at the service that poses a risk to the health, safety or wellbeing of a child
- Within 24 hours (or within 24 hours of becoming aware) of:
  - any incident where you reasonably believe that physical and/or sexual abuse of a child has occurred or is occurring at the service
  - any allegation that sexual or physical abuse of a child has occurred or is occurring at the service

A perpetrator of physical abuse may be an adult, adolescent or another child.
Incidents and allegations also need to be notified if they occur during an excursion, transportation to or from the service

For serious complaints with the potential to attract media attention, the Crisis Response Team will be notified and will assemble to coordinate risk assessment and investigation plan. For other complaints, outside of the categories above, the Area Manager or Operations Manager may provide guidance on reporting, risk assessment and investigation of the complaint.

5.3.3. Reporting to external authorities under laws

Approved providers, educators, and staff must report incidents or suspected incidents of child maltreatment, abuse or neglect involving children in line with state and territory laws, including child protection legislation and reportable conduct schemes.

5.3.4. Reporting to child protection agencies

Reporting to a child protection agency is separate from notifying the regulatory authority under NQF requirements.
This may be about an incident that happened outside the service, such as in the child's home, or within the education and care service.
The approved provider should also seek guidance from the relevant external authorities on talking to families and staff involved, and what can be shared.

5.3.5. Reportable Conduct Scheme – VIC, ACT, NSW, QLD, WA

Reportable conduct schemes, where they exist in a state or territory, are designed to keep children safe in organisations or services.

Reportable conduct by workers of a designated entity (including employees, volunteers, contractors, officers, directors, secondees, labour-hire workers and other persons) includes:

- Sexual offences committed against, *with*, or *in the presence* of a child (regardless of whether a criminal proceeding has occurred).
- Sexual misconduct involving a child.
- Physical violence against, *with*, or *in the presence* of a child.
- Behaviour causing significant emotional or psychological harm to a child.
- Significant neglect of a child.

The Scheme is **allegation based:** if an allegation, based on reasonable belief, that a worker or volunteer has committed reportable conduct or misconduct that may involve reportable conduct **must be notified.** Conduct in either a professional or **private capacity** is captured if AEG became aware while the person was an employee / worker will be reported to the relevant commission and authorities.

5.3.6. Investigations

Internal and External Investigations can occur depending on the nature and severity of the incident. This is managed and detailed through the **POL 7-P9 Allegations Handling Procedure** and **6.3.10 Handle Investigations**. Outcomes of the investigation will be shared with the relevant parties ensuring that we are following privacy and confidentiality obligations.

5.4. Review and Improve

Incidents are reviewed and root cause analysis takes place to reduce future risk and provide lessons learnt. These practices support transparency and continuous improvement, as set out in ProMapp below.

Key Actions

- Centre Manager reviews incidents for patterns and risks **8.1.02 Conduct Root Cause Analysis**, consider whether key actions need to be added to Quality Improvement Plan **8.3.05 Develop and Update Quality Improvement Plan (QIP)**, **FRM 2-D4a Monthly Incident Register** and **FRM 2-D4b Monthly Illness Register**.
- Review and mitigate risks to children and staff.
- Improvements identified in policies and procedures and out of cycle changes occur or are inputted for review schedule following **8.3.03 Review Policies and Procedures**
- Staff may undertake additional training and support

6. Roles and responsibilities summary

The following table provides a summary of role responsibilities that align with the procedures and ProMapp processes referenced.

Role	Responsibilities
Incident Support team (IST)/	- notify the regulatory authority within **24 hours** of a serious incident, or incident or allegation of physical abuse or sexual abuse to a child while being educated and cared for at an education and

Regulatory Compliance Team	care service; or within 24 hours of the approved provider becoming aware of the incident or allegation, online using the NQAITS - I01 Notification of Incident form - notify the regulatory authority within **24 hours** of any complaint alleging that a serious incident has occurred while the child is educated and cared for or complaints alleging that the Law has been contravened (Section 174(2)(b)). This includes any complaints about the physical or sexual abuse of a child while being educated and care for at a service, online using the NQAITS - I01 Notification of Incident form - notify the regulatory authority within **7 days** of becoming aware of a circumstance arising at the service that poses a risk to the health, safety or wellbeing of a child (Regulation 175(2)(c), Regulation 176(2)(c)). - Initiates internal referrals and actions tasks (eg. Legal, People and Culture, Facilities)
Noiminated Supervisior /Centre Manager	- contact emergency services in the first instance then notify parents/guardians immediately after an incident, injury, trauma or medical emergency, or as soon as is practicable but no later than 24 hours after - take reasonable steps to ensure that nominated supervisors, educators, staff and volunteers follow the policy and procedures - ensure each child's enrolment record includes authorisation by a parent or person named in the record, for the approved provider, 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 - keep Incident, Injury, Trauma and Illness Records confidential and store until the child is 25 years old in line with **POL 7-P11 Record Management and Archiving Procedure**
All staff	- record information as soon as possible, and **within 12 hours** after the incident, injury, trauma or illness, or incident or allegation of physical abuse or sexual abuse to a child while being cared for at an education and care service - seek further medical attention if required after the incident, injury, trauma or illness - ensure that two people are present any time medication is administered to children (except FDC or permitted services under regulation 95(c)) - be aware of children with allergies and their attendance days, and apply this knowledge when attending to any incidents, injury, trauma or illness
Families	- collect the child as soon as possible when notified of an incident, injury, trauma or illness - provide authorisation in the child's enrolment form for the approved provider, nominated supervisor or an 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

7. Related legislation and internal documents

The following legislation, regulations and internal documents inform and support this policy/procedure, ensuring compliance with legal requirements and consistent implementation.

Legislation	Section 166A/5AA	
Policy/Procedure, Process	**POL 6-P6 Dealing with Complaints**, **POL 2-P4 Dealing with Medical Conditions**, **POL 2-P15 Infectious Disease, Immunisation and Exclusion** **POL 2-P5 Child Safety and Protection Procedure** **POL 2-P26 Administration of First Aid Procedure** **POL 2-P27 Emergency and Evacuation Procedure** **POL 4-P17 Injury Management and Return to Work Procedure.** **POL 2-P25 Supervision**, **POL3-P1 Providing a Child Safe Environment**, **POL 3-P4 Risk Assessment**, **POL 2-P4 Dealing with Medical Conditions**, **POL 2-P27 Emergency and Evacuation Procedure**, **POL 2-P26 Administration of First Aid Procedure** **POL 7-P11 Record Management and Archiving Procedure**	**3.3.12 Report Incidents and Complaints by Centres** **3.3.06 Administer First Aid** **3.3.07 Call 000** **3.4.01 Manage Emergency Evacuation and Lockdown** **3.3.11 Respond to and Communicate Incidents by Centres** **3.3.13 Follow up and Prevent Potential Incidents** **3.3.11 Communicate Incidents by Centres** **3.1.26 Monitor attendance of children** **3.3.09 Manage exclusion and outbreaks** **3.4.01 Manage Emergency Evacuation and Lockdown** **3.4.14 Manage Temporary Closures** **3.3.10 Manage Child Safety and Protection** **8.2.18 Classify and Escalate Incidents and Complaints**

		8.6.16 Comply with Reportable Conduct Scheme (VIC/ NSW/ ACT/ WA). 8.7.10 Manage a Crisis 3.3.16 Manage Hazards and escalated maintenance requests POL 7-P9 Allegations Handling Procedure and 6.3.10 Handle Investigations FRM 2-F10 Incident Report, FRM 2-F7 Illness Report FRM 7-F60 Root Cause Analysis Record. FRM 2-D4b Monthly Illness Register FRM 2-F35 Room Register Educator Sign In Out/ FRM2-F64 Head Count Record FRM 2-F18 Evacuation, Lockdown and Emergency Response Record FRM 4-F40 Ratio Tracking Sheet 8.1.02 Conduct Root Cause Analysis, 8.3.05 Develop and Update Quality Improvement Plan (QIP) FRM 2-D4a Monthly Incident Register FRM 2-D4b Monthly Illness Register. 8.3.03 Review Policies and Procedures
Supporting Documents	GUI 1360 Guide to Notification Types	GUI 1334 Escalation Matrix
Learning Resources	AEG030 Incident Investigation AEG625 Incident and Complaint Notifications	

8. Version history

The version history table below records updates to this document, including approval dates and a summary of changes made.

Version Control	Date	Author	Description of Change
V1	Oct 2013	AEG	Update ECSNR
V4.16	Apr 2016	AEG	Full revision and merge
V7.16	July 2016	AEG	Minor amendment
V5.17	May 2017	AEG	Minor Revision
V10.17	Oct 2017	AEG	Minor amendment
V10.18	Oct 2018	AEG	Annual review
V10.19	Oct 2019	AEG	Scheduled review
V11.19	Nov 2019	AEG	Incident response
V12.20	Dec 2020	AEG	Scheduled review
V12.21	Dec 2021	AEG	Add Illness/Injury of Arrival to monthly registers
V2.23	Feb 2023	AEG	Scheduled review
V12.23	Dec 2023	AEG	Added RACI table and reference
V2.24	Feb 2024	AEG	Added definitions, risk classification, investigations, ServiceNow, reporting
V11.24	Nov 2024	AEG	Added to report on ServiceNow 'recommended 12 hours'. Added reference to GUI 1360 and ACECQA link
V11.24a	Nov 2024	AEG	Added lodgment of I01 and C01 may be required
V5.25	May 2025	AEG	Added clarification regarding notifying parents as soon as practicable, but not later than 24 hours after the occurrence.
V6.25	June 2025	AEG	Added guidance to monitor an injured person for change in conditions.
V11	Apr 2026	AEG	Added in NSW reform information
V11.1	Jul 2026	AEG	Major changes - Added in supporting information from ACECQA on Sexualised Child Behaviours and resources, New Table of supporting documentation required to submit an incident/complaint.