INNER WEST

Children's incident, injury, trauma report

Education & Care Services National Law: Section 174 and National Regulations: Regulations 12 & 87
The National Law requires the Regulatory Authority to be notified of any serious incident within 24 hours, and a serious incident notification form must be completed and submitted.

A serious incident includes:

- any incident involving injury, trauma or illness of a child where medical attention was sought, or should have been sought;
- any implementation of a health management plan **or**
- an incident at the service premises where the attendance of emergency services was sought or should have been sought.

Or if a child:

- appears to be missing or cannot be accounted for
- appears to have been taken or removed from the service premises in a way that breaches the Education and Care Services National Regulations, **or**
- is mistakenly locked in or out of any part of the service premises.

Incidents that are serious and require a first aid response and transport to hospital may include:

- Life-threatening injury such as loss of consciousness leading to respiratory or cardiac arrest
- Sudden Infant Death Syndrome (SIDS)
- Choking and/or blocked airway
- Allergic reaction – anaphylactic shock
- Injury to head, back or eye
- Bleeding or bone fracture
- High temperature and febrile convulsions
- Asthma attack
- Burns
- Excessive vomiting leading to dehydration
- Poisoning from hazardous chemicals, substances, plants, snake or spider bite.

For non-serious incidents, forward the completed report to fdc@innerwest.nsw.gov.au to be registered. If serious incident, Nominated Supervisor to be notified immediately and the report forwarded to the Operations Manager as soon as practicable (and no later than 16 hours after the incident) to enable the notification of a serious incident to the ACECQA portal.

INNER WEST

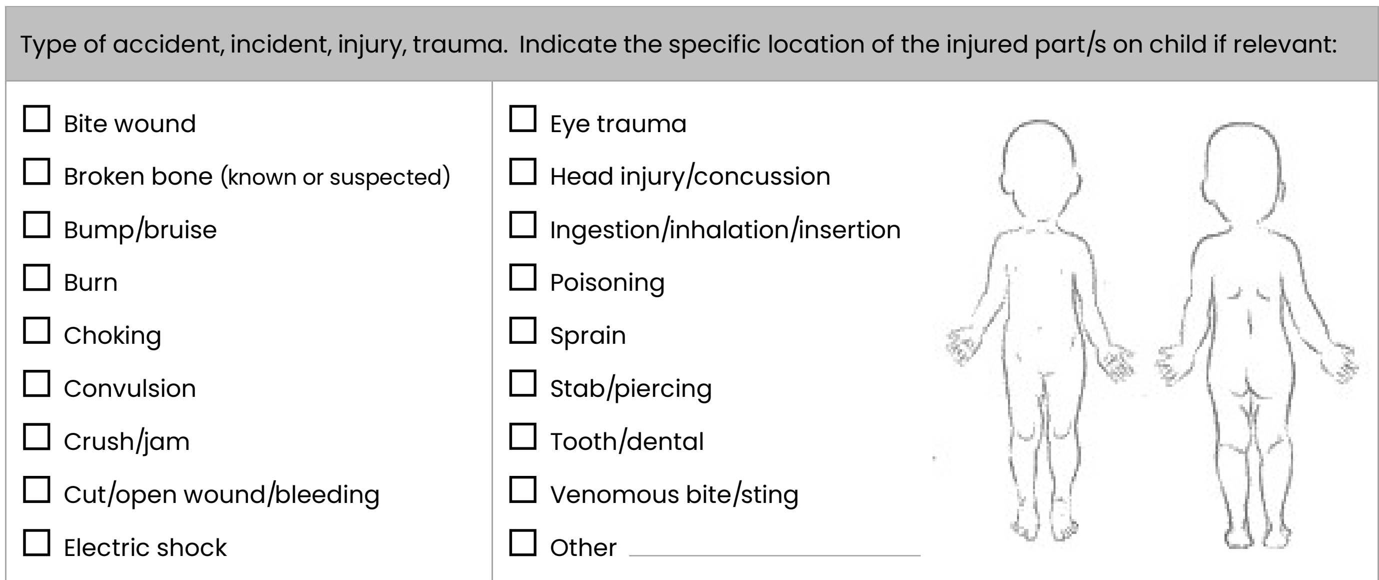
Child's Year of Birth	

IWC provider number	00003983	Service provider number	SE-00008131	Service name	Inner West Family Day Care
Incident day		Date		Time	am/pm
Child's name		Date of birth		Gender (M/F/O)	
FDC educator name		Mobile			
FDC address		Email			

Tick applicable:	☐ Accident ☐ Incident ☐ Injury ☐ Trauma ☐ Serious incident

If serious incident box is ticked:				
Nominated Supervisor notified	Date		Time	am/pm
Ops manager notified *(office to complete)*	Date		Time	am/pm

Exact cause:
Exact location:
Any structures or equipment involved:



Type of accident, incident, injury, trauma. Indicate the specific location of the injured part/s on child if relevant:

- ☐ Bite wound
- ☐ Broken bone (known or suspected)
- ☐ Bump/bruise
- ☐ Burn
- ☐ Choking
- ☐ Convulsion
- ☐ Crush/jam
- ☐ Cut/open wound/bleeding
- ☐ Electric shock
- ☐ Eye trauma
- ☐ Head injury/concussion
- ☐ Ingestion/inhalation/insertion
- ☐ Poisoning
- ☐ Sprain
- ☐ Stab/piercing
- ☐ Tooth/dental
- ☐ Venomous bite/sting
- ☐ Other ______

INNER WEST

Immediate first aid applied (including administration of medication):	
☐ Cleaned wound ☐ Band-aid/bandage ☐ Ice pack	☐ Medication ________ ☐ Other ________

Name of the person who administered first aid:		Signature:
Did emergency services attend?	☐ Yes ☐ No	Event number (if applicable):

Notifications: Parent(s)/Carer(s) must be notified of the incident as soon as practical after the event, no later than 24 hours.			
Parent/Carer Full Name(s):			
Parent/Carer times contacted:			
Parent/Carer email:		Parent asked to collect child:	☐ Yes ☐ No
Parent/Carer phone:		Time collected:	am/pm
Parent/carer referred to:	☐ Ambulance ☐ Doctor ☐ Dentist ☐ No referral		
Parent/carer acknowledgment			
Parent/Carer Signature		Date	
Does the parent/carer wish to receive a copy of this report?	☐ Yes ☐ No	Date sent:	

Full name of educator or staff member making the report			Educator/staff position		
Signature		Date		Time	am/pm
Nominated Supervisor or Responsible Person full name:					
Signature		Date			
Actions or strategies that may minimise or prevent a recurrence:					