

Incident, injury, trauma and illness record

Details of person completing this record			
Name	Student's name		
Position/role	Educator		
Service name	Little.ly Early Learning Centre		
Date record was made	Time record was made		
27/10/2023	1:00 [] am [X] pm		
Signature	Student's signature		
Child details			
Child's full name	Aya Brown		
Date of birth	Age	Gender	
20/04/2021	2.5	[X] Female [] Male	
Incident/injury/trauma/illness details			
Incident/injury/trauma/illness	Date	Time	
	27/10/2023	10.30 [X] am [] pm	
Location of service	Melbourne		
Location of incident/injury/trauma/illness	Indoors		
Name of person who witnessed the incident/injury/trauma/illness	Student's name		
	Witness signature	Date	
	Student's signature	Date when form was completed	
Details of incident/injury/trauma/illness	<p>Aya looked unwell, lethargic and laid on the couch in the morning.</p> <p>Checked temperature: at 10.30 am it was 37.5 °C, at 10:15 am it was 37.8 °C, at 10.30 am it was 37.8 °C.</p>		

Circumstances leading to the incident/ injury/trauma/illness, including any apparent symptoms

Aya looked unwell, lethargic and laid on the couch in the morning.
Checked temperature: at 10.30 am it was 37.5 °C, at 10:15 am it was 37.8 °C, at 10.30 am it was 37.8 °C.

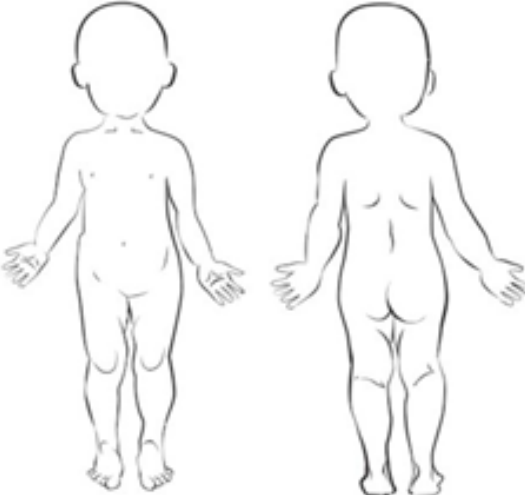
Circumstances if child appeared to be **missing** or otherwise unaccounted for (incl. duration, who found child, etc.)

N/A

Circumstances if child appeared to have been **taken or removed** from service or was **locked in/out** of service (incl. who took the child, duration)

N/A

Nature of injury/trauma/illness:

 <p style="text-align: center;"><i>Indicate the part of the body affected on this diagram</i></p>	<input type="checkbox"/> Abrasion / scrape <input type="checkbox"/> Allergic reaction (not anaphylaxis) <input type="checkbox"/> Amputation <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Asthma / respiratory <input type="checkbox"/> Bite wound <input type="checkbox"/> Bruise <input type="checkbox"/> Broken bone / fracture / dislocation <input type="checkbox"/> Burn / sunburn <input type="checkbox"/> Choking <input type="checkbox"/> Concussion <input type="checkbox"/> Crush / jam <input type="checkbox"/> Cut / open wound <input type="checkbox"/> Drowning (non-fatal) <input type="checkbox"/> Electric shock <input type="checkbox"/> Eye injury	<input type="checkbox"/> Infectious disease (incl. gastrointestinal) <input checked="" type="checkbox"/> High temperature <input type="checkbox"/> Ingestion / inhalation / insertion <input type="checkbox"/> Internal injury / infection <input type="checkbox"/> Poisoning <input type="checkbox"/> Rash <input type="checkbox"/> Respiratory <input type="checkbox"/> Seizure / unconscious/ convulsion <input type="checkbox"/> Sprain / swelling <input type="checkbox"/> Stabbing / piercing <input type="checkbox"/> Tooth <input type="checkbox"/> Venomous bite / sting <input type="checkbox"/> Other (please specify)
--	---	--

Action Taken

Details of action taken (including first aid, administration of medication, etc.)

I comforted the child and checked her temperature every 15 minutes.

Shamim gave 5 ml Panadol at 11:00 am.

At 11:30 Aya's temperature was 38°C. I called the parents to collect the child.

Did emergency services attend?	Time emergency services contacted	Time emergency services arrived
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm
Was medical attention sought from a registered practitioner / hospital?		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

If yes to either of the above, provide details

Have any steps been taken to prevent or minimise this type of incident in the future? If yes, provide details.

N/A

Notifications (including attempted notifications)

Parent/guardian/carer

Mom

Date

Time

27/10/2023

11:30

am pm

Director/educator/
coordinator

Date

Time

am pm

Other agency
(if applicable)

Date

Time

am pm

Regulatory authority
(if applicable)

Date

Time

am pm

Parental acknowledgement:

I,

.....

(name of parent/guardian/carer)

have been notified of my child's incident injury trauma illness.

(Please select either incident/injury/trauma/illness)

Signature

Date

Additional notes: