



# Serious incidents – injury, trauma or illness

June 2023



Australian Children's  
Education & Care  
Quality Authority

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## Background

This occasional paper is the ninth in a series on the National Quality Framework (NQF).

This paper uses data from the National Quality Agenda Information Technology System (NQA ITS) to provide analysis of trends in serious incidents resulting in injury, trauma or illness in Australian children’s education and care services between 1 April 2020 and 31 March 2022.

The most important objective of the NQF is to ensure the health, safety and wellbeing of children attending education and care services. As at 1 April 2023, there were 17,278 NQF approved children’s education and care services operating in Australia.<sup>1</sup> Each week, over 1.4 million children attend these services.<sup>2</sup>

The Education and Care Services National Law and National Regulations govern the minimum standards and requirements that all providers of NQF regulated services must meet, including health and safety requirements. [Quality Area 2](#) of the [National Quality Standard](#) (NQS) upholds children’s right to be protected and kept safe. The approved provider, nominated supervisors, coordinators and educators have responsibility for supporting the health, safety and wellbeing of all children. In exercising their responsibilities, they must take reasonable care to protect children from foreseeable risk of harm, injury and infection.

Providers’ performance against other quality areas also has an impact on their ability to prevent serious incidents that could result in injury, trauma and illness. For example, Quality Area 3 mandates safe physical environments that support children’s health and safety and prevent injuries and illnesses.

1 The Australian Children’s Education and Care Quality Authority. (2023). [NQF Snapshot Q1 2023](#). Sydney: The Australian Children’s Education and Care Quality Authority.

2 Australian Government Department of Education. (2022). Childcare quarterly reports. [June quarter 2022. Retrieved 8 March 2023 from: June quarter 2022 report - Department of Education, Australian Government](#)

Quality Area 4 encourages professionalism and continuity of staff and Quality Areas 5 and 6 promote respectful and responsive relationships with children, parents/carers and partnerships to facilitate children's access, inclusion and participation – all of which are important for supporting health and safety. Quality Area 7's focus on promoting effective governance, leadership and management of services is also necessary for preventing and managing the risk of injuries, trauma or illness.

[Regulation 12](#)<sup>3</sup> of the Education and Care Services National Regulations prescribes incidents and circumstances that are 'serious incidents' for the purposes of the National Law, including:

- any incident involving serious injury or trauma while the child is 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
  - » the child attended or ought reasonably to have attended a hospital (for example, a 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 (for example, severe asthma attack, seizure, or anaphylaxis reaction).

Approved providers are required to notify their state and territory regulatory authority about any serious incident within 24 hours of the incident, as per [section 174\(2\)\(a\)](#) of the Education and Care Services National Law and [regulation 176\(2\)\(a\)\(ii\)](#). [Section 174A](#) requires family day care educators to notify the approved provider of the service if a serious incident occurs.

They must also ensure that the child's parent or carer is notified as soon as practicable and within 24 hours of the incident ([regulation 86](#)), and keep a record of the incident ([regulation 87](#)).

Serious incidents data are published annually in the [NQF Annual Performance Report](#) and the [Report on Government Services](#) (RoGS).

Eight other [occasional papers](#) in this series are all available on ACECQA's [research and reports webpage](#). [Occasional paper 2](#) focussed on Quality Area 2 (Children's health and safety) and is also relevant to the topic of serious incidents.

**Regulation 12 of the Education and Care Services National Regulations prescribes incidents and circumstances that are 'serious incidents' for the purposes of the National Law.**

3 Other types of serious incidents prescribed in regulation 12 are any incidents: involving the death of a child; where the attendance of emergency services was sought (or ought reasonably to have been sought); and where a child has been locked in/out, removed from the premises in contravention of regulations, or is unaccounted for.

# Summary of findings

The most common types of injury, trauma or illness incidents are:



cuts/open wounds or bleeding



broken bones/fractures or dislocations (known or suspected)



head injuries or concussions.

Common causes include:



a fall or trip



child to child interaction



equipment/furniture or toys.

The incidents are more likely to happen:



in outdoor play areas



during mid-morning (around 10-11 am) and mid-afternoon (around 3-4 pm)



during the middle of the week (from Tuesday to Thursday)



to children aged 3 and 4 years old

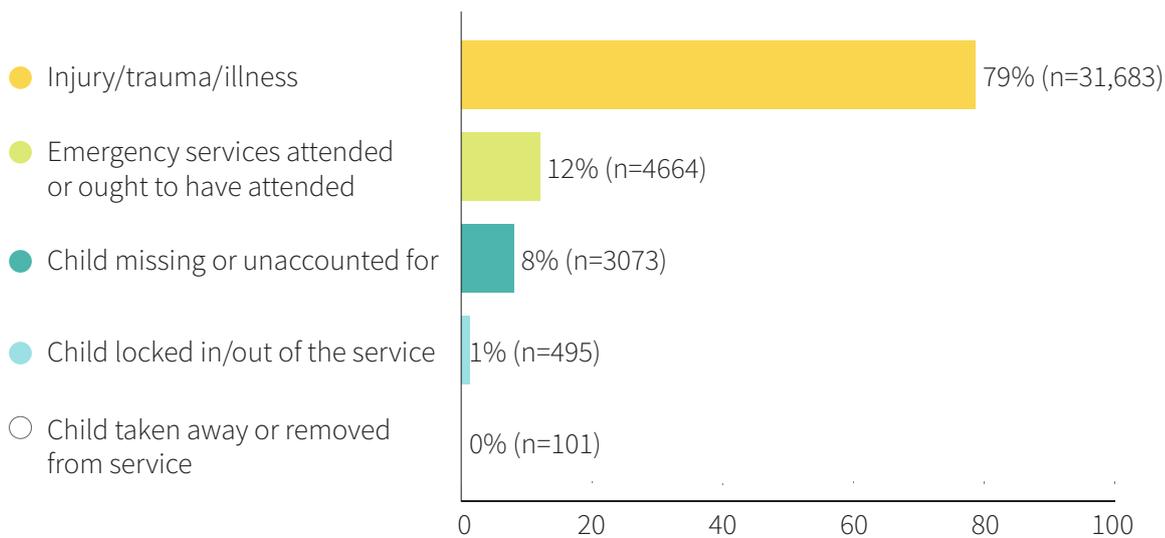


to male children.

# Volume of serious incident cases

There are 31,683 serious incidents cases (injury, trauma or illness) recorded in the NQA ITS between 1 April 2020 to 31 March 2022. This represents almost four-fifths of serious incident case types, with other serious incident types having much lower numbers of cases recorded over the same period (see **Figure 1**).

**Figure 1:** Proportion of serious incident cases (1 April 2020 – 31 March 2022)



Between Q2 2020 and Q1 2022, serious incident cases involving injury/trauma follow a similar trend to overall serious incident case numbers and make up the majority of serious incident cases (see **Figure 2**).

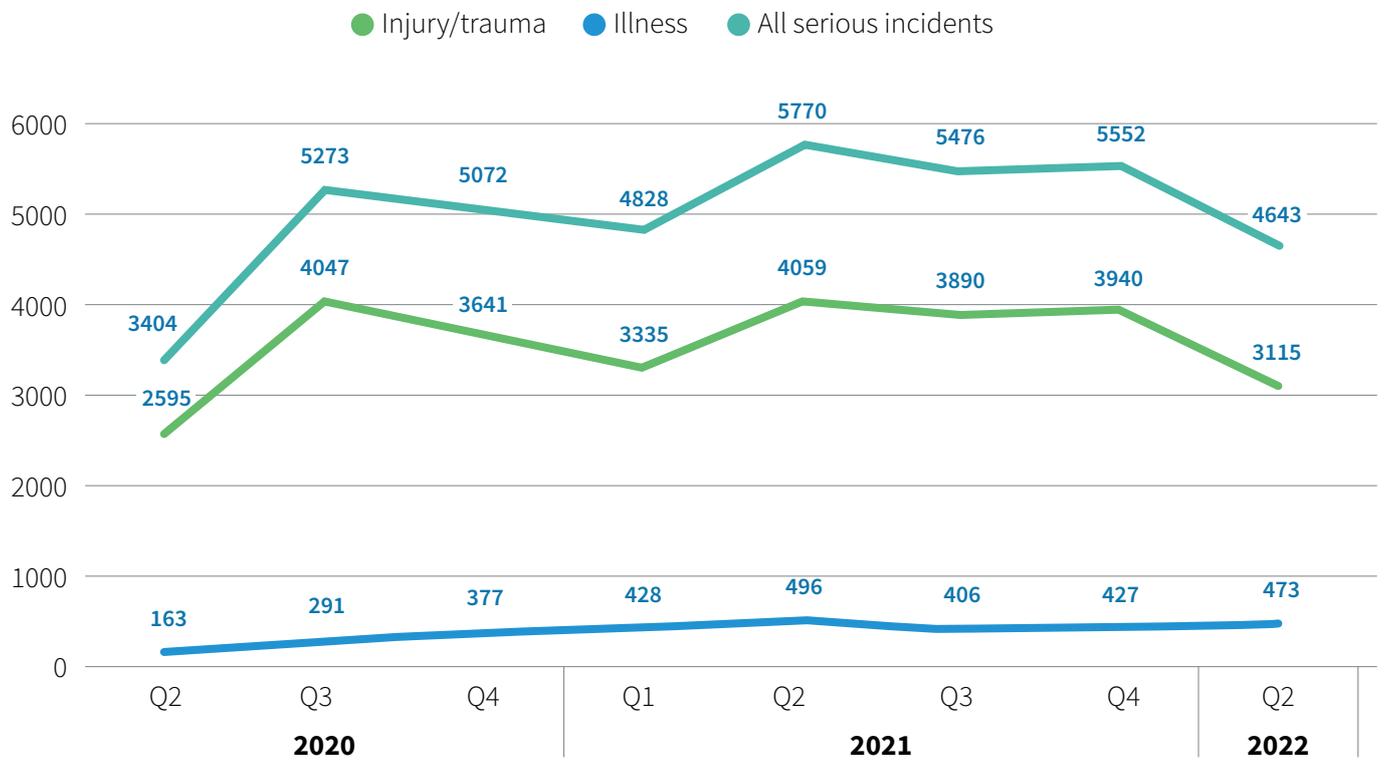
The number of serious incident cases (injury/trauma) is relatively consistent over time, ranging between 3500 to 4100 cases per quarter. The exceptions are Q2 2020 (2595 cases), Q1 2021 (3335 cases) and Q1 2022 (3115 cases), where case numbers are lower.

It is likely that the lower number of incidents observed in Q2 2020 is related to the impact of the onset of the COVID-19 pandemic, when services were temporarily closed or operating at reduced capacity during lockdown.

The lower numbers in Q1 2021 and 2022 may also be a result of the impacts of COVID-19, as well as seasonal influences and the likelihood of service closures over the Christmas/New Year period and resulting lower attendance numbers.

Serious incident cases involving illness account for a much lower number of cases over the same period and follow a relatively consistent trajectory.

Figure 2: Number of serious incident cases by quarter



# Profile of serious incident cases (injury, trauma or illness)

## Serious incident cases (injury, trauma or illness) by service type

During the period 1 April 2020 to 31 March 2022, long day care services had the highest rate of serious incident cases per 100 approved services, followed by family day care services. Preschools/ kindergartens had the lowest rate (see **Table 1**).

Several factors may account for long day care services having a higher rate of serious incident cases than other service types, including:

- younger age and higher volume and frequency of children attending
- higher number of hours and weeks per year long day care services operate.

On average, children attend long day care services for around 31 hours per week and family day care services for around 24 hours per week. Average attendance for outside school hours care services and preschools/kindergartens is around 12 hours and 15 hours per week respectively.<sup>4</sup>

It is also important to recognise that comparisons between centre-based and family day care services can be problematic as a centre-based service represents a single stand alone education and care premises, whereas a family day care service represents multiple, individual family care residences operating under a coordinated unit.

**Table 1:** Number and rate of serious incident cases by service type

Service type	Number of serious incident cases (injury, trauma or illness)	Number of approved services at 1 April 2022	Rate per 100 approved services
Long Day Care	22,911	8506	269
Preschool/Kindergarten	2779	3071	90
Outside School Hours Care	5240	4796	109
Family Day Care	752	509	148
<b>Total</b>	<b>31,683</b>	<b>16,884</b>	<b>188</b>

<sup>4</sup> Australian Government Department of Education (2022) [Early Childhood and Child Care Summary Report](#), June quarter 2021; Productivity Commission (2023) [Report on Government Services 2022](#), Early childhood education and care, ECEC participation – 2021 data (Table 3A.19).

## Serious incident cases (injury, trauma or illness) by maximum total place numbers

Centre-based services with the smallest number of maximum total places available to educate and care for children have the lowest rate of serious incidents, while centre-based services with the largest number of maximum places have the highest rate (see **Table 2**). The rate of serious incidents increases with each increase in category of maximum total place numbers. This is to be expected as there are likely to be higher numbers of serious incidents where more children attend a service.

**Table 2 :** Number and rate of serious incident cases (injury, trauma or illness) by maximum total place numbers (1 April 2020 – 31 March 2022)

Maximum total place numbers	Number of serious incident cases (injury, trauma, or illness)	Number of approved services at 1 April 2022	Rate per 100 approved services
1-20 places	228	685	33
21-40 places	3665	4411	83
41-60 places	6394	4082	157
61-80 places	6481	2888	224
81-100 places	5272	1841	286
101+ places	8891	2465	361
<b>Total</b>	<b>31,683</b>	<b>16,884</b>	<b>188</b>

## Serious incident cases (injury, trauma or illness) by overall quality rating

Higher quality services have a higher rate of serious incidents than lower quality services (see **Table 3**). It is likely that higher quality rated services may have more robust and better reporting systems than lower quality services. This may account for the higher rate of incidents reported by higher quality services.

**Table 3:** Number and rate of serious incident cases (injury, trauma or illness) by overall quality rating (1 April 2020 – 31 March 2022)

Overall quality rating	Number of serious incident cases (injury, trauma, or illness)	Number of approved services at 1 April 2022	Rate per 100 approved services
Working Towards NQS	3344	1999	167
Meeting NQS	17,662	9192	192
Exceeding NQS	8869	4139	214
<i>Provisional - Not Yet Assessed</i>	1689	1511	112
<b>Total</b>	<b>31,683</b>	<b>16,884</b>	<b>188</b>

# Characteristics of serious incident cases (injury, trauma or illness)

## Type of injury, trauma or illness

The four most common types of injury, trauma or illness are:

- cut/open wound/bleeding
- broken bone/fracture/dislocation (known or suspected)
- head injury/concussion
- tooth/dental injury

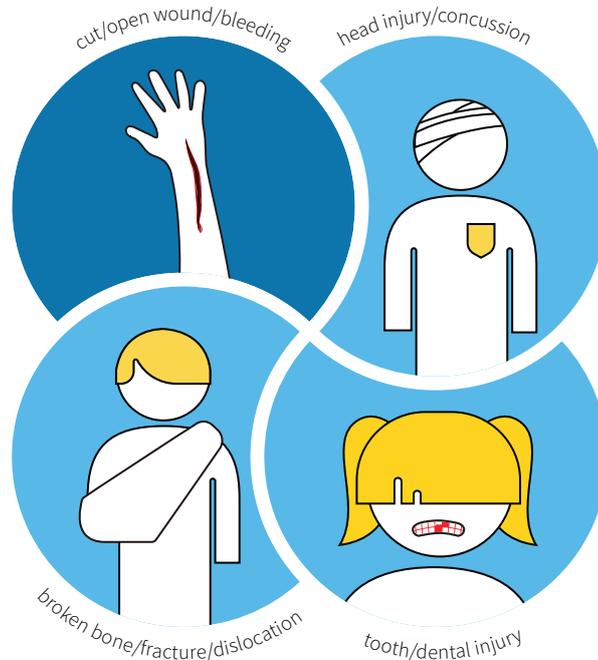
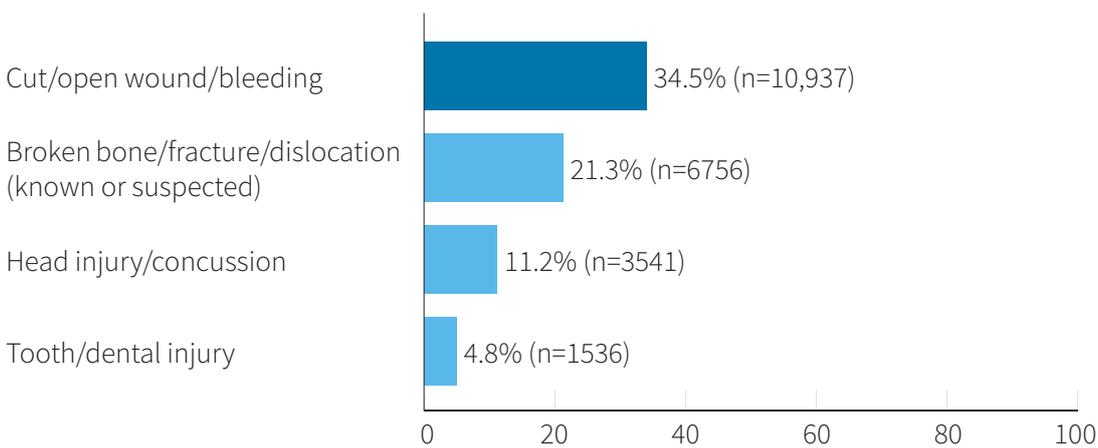


Figure 3: Most common types of injury, trauma or illness<sup>5</sup>

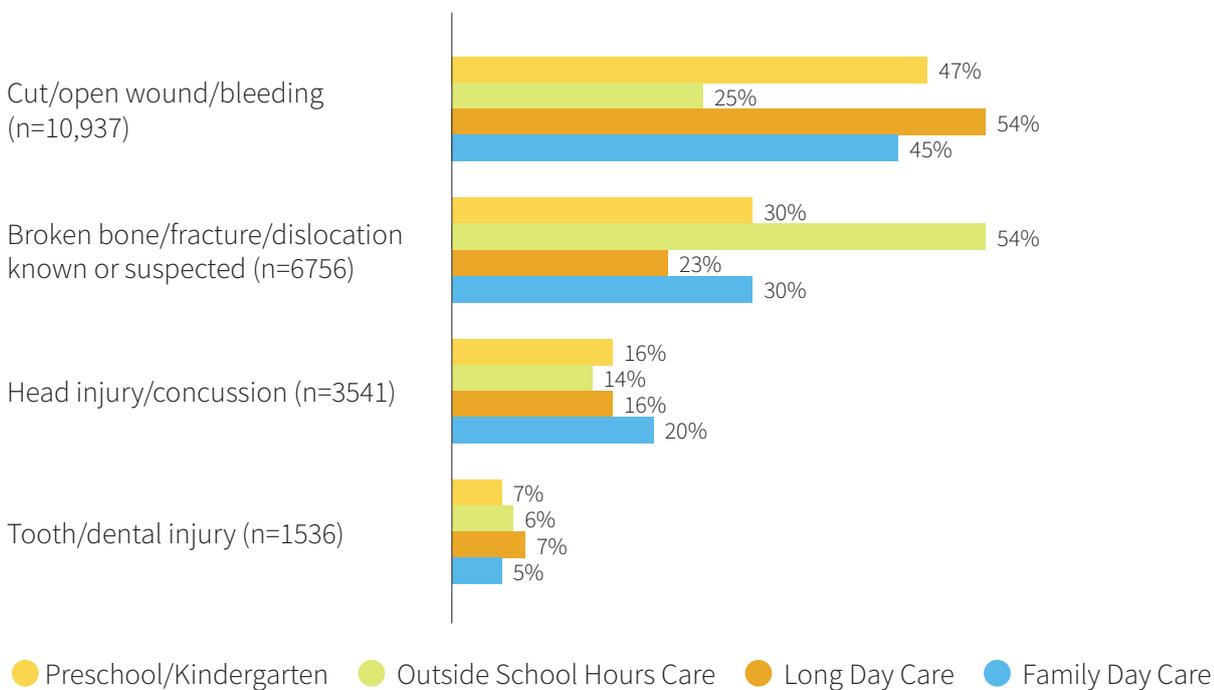


<sup>5</sup> Only the top four types of serious incidents (injury, trauma and illness) cases are shown in the graph.

Certain types of injury, trauma or illness are more prevalent in some service types than others. For example, outside school hours care services have a higher proportion of broken bone/fracture/dislocation injury types and a lower proportion of cuts/open wounds/bleeding than other service types, which may reflect the different ages of children in attendance (see **Figure 4**).



**Figure 4:** Most common types of injury, trauma or illness by service type

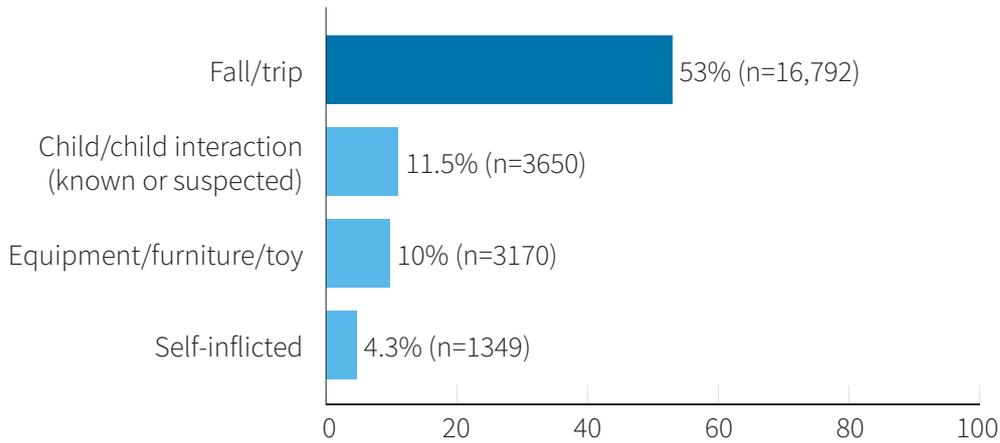


## Cause of injury trauma, or illness

The four most common causes of injury, trauma or illness are:

- fall/trip
- child/child interaction
- equipment/furniture/toy
- self-inflicted.

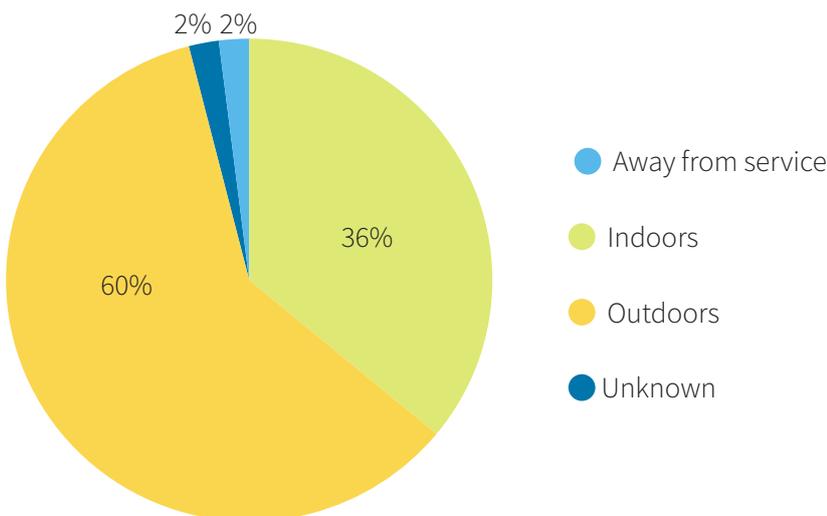
Figure 5: Most common causes of injury, trauma or illness<sup>6</sup>



## Location of incident

The highest proportion of serious incidents (injury, trauma or illness) occur outdoors (see Figure 6). Incidents of this nature commonly occur on playground equipment in outdoor environments.

Figure 6: Proportion of serious incidents (injury, trauma or illness) by location (n=31,683)



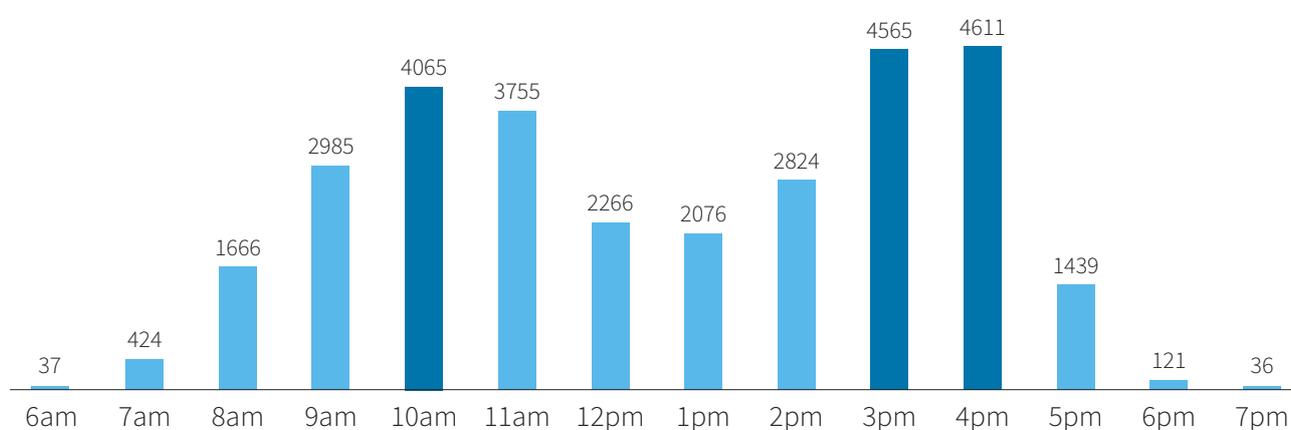
<sup>6</sup> Only the top four causes of injury, trauma and illness are shown in the graph.

## Timing of incident

There are two peaks during the day when serious incidents (injury, trauma or illness) occur most frequently – mid-morning (around 10–11 am) and mid afternoon (around 3–4 pm) (see **Figure 7**).

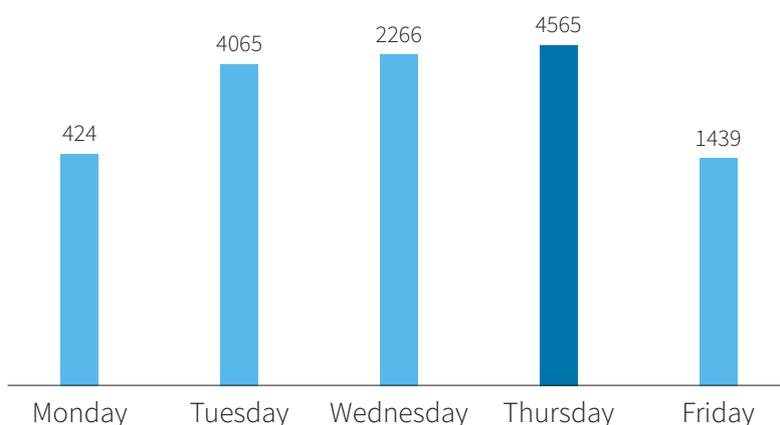
There are also noticeable dips in the frequency of serious incidents in the middle of the day (when many services would be having rest time) and at the beginning and end of the day (when children are arriving/ leaving the service).

**Figure 7:** Number of serious incidents (injury, trauma or illness) by time of day (rounded to the hour)



More serious incidents (injury, trauma or illness) occur in the middle of the week (from Tuesday to Thursday) than at the start or end of the week (Monday or Friday), when attendance may be lower (see **Figure 8**).

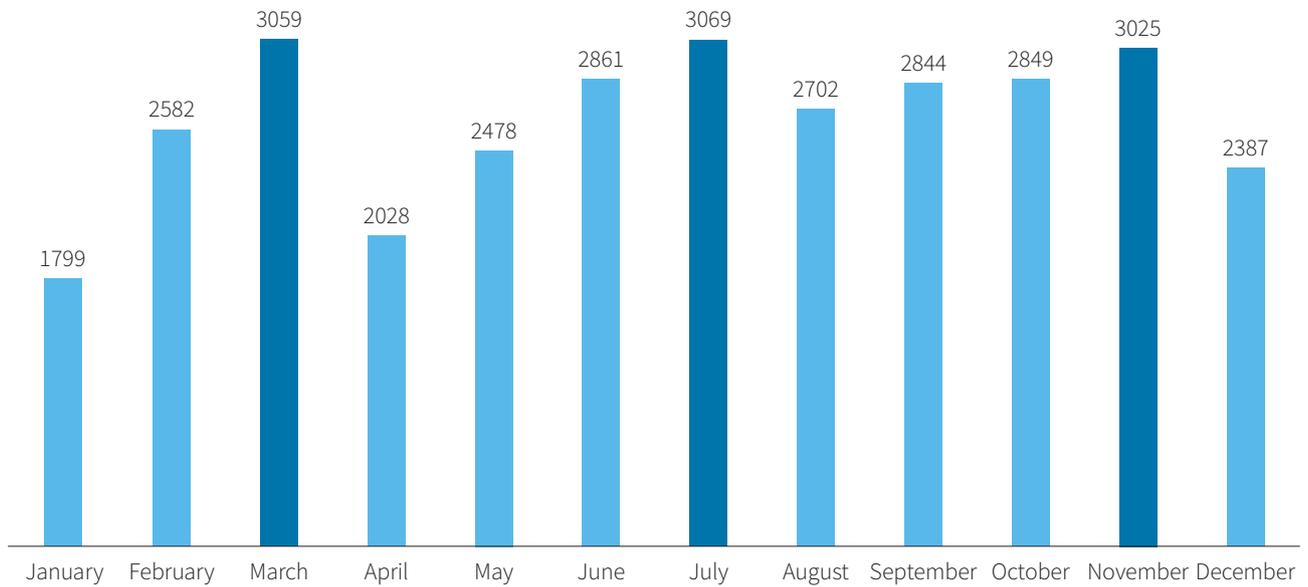
**Figure 8:** Number of serious incidents (injury, trauma or illness) by weekday<sup>7</sup>



More serious incidents (injury, trauma or illness) occur in July, March and November, particularly when compared to January, April and December (see **Figure 9**). This follows an expected trend given that attendance is likely to be lower at times of the year when there are holidays.

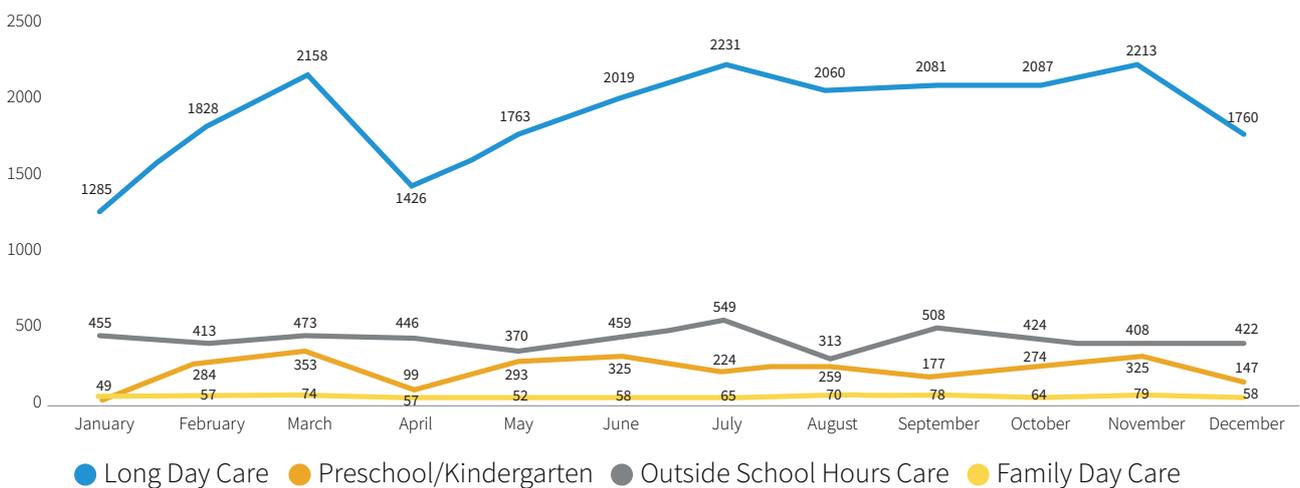
<sup>7</sup> Excludes weekend days.

**Figure 9:** Number of serious incidents (injury, trauma or illness) by month



Looking at the monthly trends by service type, there are slight peaks for outside school hours care services during school holiday periods, suggesting that more serious incidents occur during vacation care periods when more children are in care for longer periods of time (see **Figure 10**).

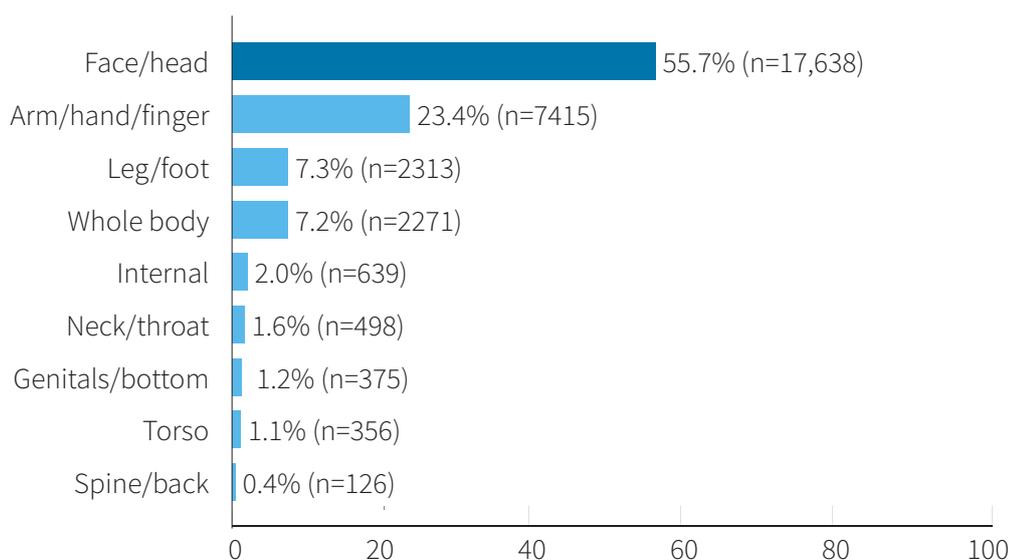
**Figure 10:** Number of serious incidents (injury, trauma or illness), by month and service type



## Part of the body affected

More than half of serious incident cases (injury, trauma or illness) occur to the face/head, followed by around one-quarter to the arm/hand/finger (see **Figure 11**).

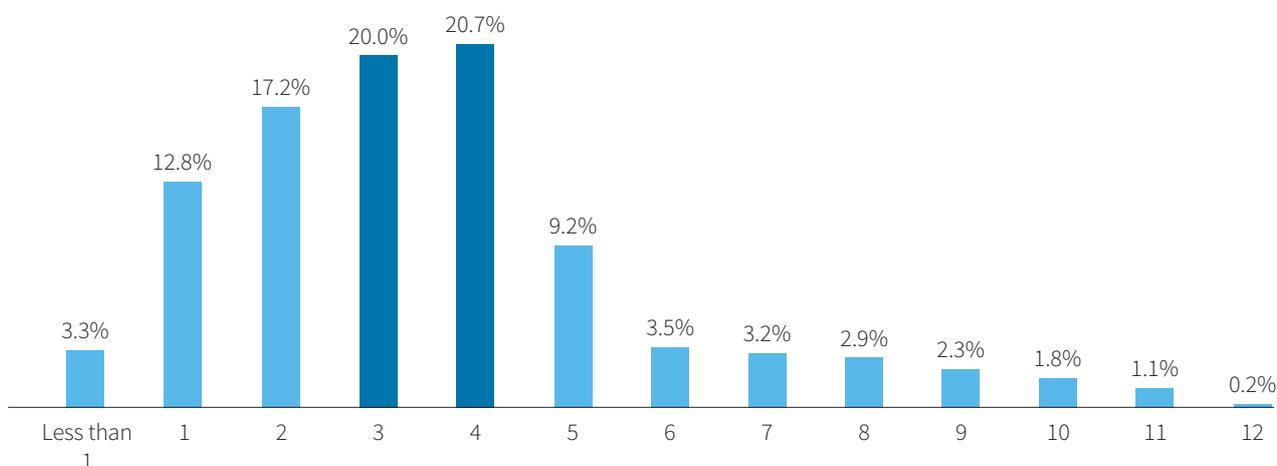
**Figure 11:** Serious incidents (injury, trauma or illness) by part of the body affected



## Age of child

Around three-quarters of serious incident cases (injury, trauma or illness) relate to children aged 0–4 years of age, with more than two-fifths of these relating to children aged 3 and 4 (see **Figure 12**).

**Figure 12:** Proportion of serious incidents (injury, trauma or illness) by age of child<sup>8</sup> (n=31,683)



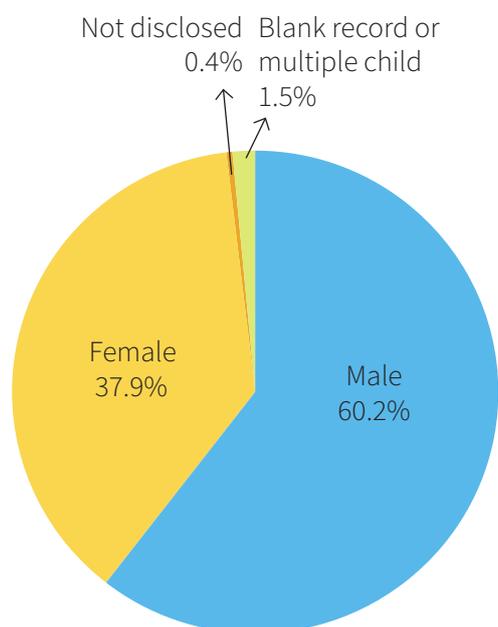
<sup>8</sup> Only counts records with one child per case

## Gender of child

Three-fifths of serious incident cases (injury, trauma or illness) relate to male children (see **Figure 13**).

This is supported by evidence on the general Australian children population as boys are 1.5 times more likely to be hospitalised for injury than girls.<sup>9</sup>

**Figure 13:** Proportion of serious incidents (injury, trauma or illness) by gender (n=31,683)



Three-fifths of serious incident cases (injury, trauma or illness) relate to male children.

<sup>9</sup> Australian Institute of Health and Welfare (2022). [Australia's children](#).



## Medical attention and emergency response

Of the 31,683 serious incident cases (injury, trauma, or illness) recorded in the NQA ITS between 1 April 2020 and 31 March 2022, two-thirds received urgent medical attention. This rate is fairly consistent across the different service types (see **Table 4**).

**Table 4:** Number and proportion of serious incident cases (injury, trauma or illness) by urgent medical attention received and service type

Service type	Received urgent medical attention	Total number of cases	%
Long Day Care	15,345	22,911	67.0%
Preschool/Kindergarten	1909	2779	68.7%
Outside School Hours Care	3290	5240	62.8%
Family Day Care	467	752	62.1%
<b>Total</b>	<b>21,012</b>	<b>31,683</b>	<b>66.3%</b>

# Strategies to reduce serious incidents

Active play is integral to children’s cognitive, physical and social development. It is therefore important to support opportunities for active play and not unduly constrain them as a strategy for preventing serious incidents. ACECQA’s [information sheet on outdoor play](#) contains further guidance on this issue. The health, safety and wellbeing of children attending education and care services is a shared responsibility. Service providers, families and carers as well as governments and regulators play active roles in supporting the ongoing health and wellbeing of children.

**Providers and services** should consider the effectiveness of their injury management processes, including how they identify and minimise risks through risk-benefit analyses and risk assessments. This involves considering the way teachers and educators:

- support children in risky play
- are organised to ensure effective supervision
- are proactive, responsive and flexible in using professional judgments to prevent injury from occurring.

When developing effective injury management procedures, providers and services also need to consider a range of contingencies if an injury occurs. This can include reviewing and evaluating procedures after an incident as part of the quality improvement process.

**Providers and services should consider the effectiveness of their injury management processes, including how they identify and minimise risks.**

Strategies to reduce the occurrence of serious incidents (injury, trauma or illness) include both proactive and reactive measures, such as:

- modifying the service environment, for example by removing broken, rusty or dangerous equipment, rearranging layout and/or installing safety equipment
- regular audit, quality and risk assessments to identify hazards and rectify issues
- reviewing best practice guidance from recognised authorities, for example the Department of Health
- discussions with, and reminders to, children and communicating with families about health and safety practices
- training and development of staff in relation to children’s health, safety and development needs
- collation and analysis of child incident data to identify trends
- establishing dedicated roles/teams responsible for health, safety and wellbeing.

ACECQA has recently published an [information sheet on managing and responding to injury, trauma and illness incidents](#).

## **Families and carers can:**

- provide education and care services with accurate and up-to-date information about their children’s health, including any allergies
- keep children home when they are ill to reduce transmission of infectious diseases
- reinforce health and safety practices communicated by teachers, educators and health practitioners.

## **Regulators and governments can:**

- provide evidence-based guidance, training, data and feedback to support providers and services to protect, promote and maintain children’s health and wellbeing.



Australian Children's  
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*The Australian Children's Education and Care Quality Authority (ACECQA) acknowledges the Gadigal peoples, the Traditional Owners and Custodians of the Lands on which ACECQA is located. We also acknowledge and extend our respects to Elders, past and present, and all Aboriginal and Torres Strait Islander peoples of all Lands across Australia.*

*We recognise and celebrate the contributions of Aboriginal and Torres Strait Islander peoples as the First Peoples of Australia, including their role in the education and care of children. We recognise the rich and diverse cultures of Aboriginal and Torres Strait Islander peoples, and the valuable contribution this diversity brings.*

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