INCIDENT, INJURY, TRAUMA & ILLNESS POLICY

The health and safety of all staff, children, families and visitors to our Out of School Hours Care (OSHC) Service 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 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. Our OSHC Service aims to minimise illnesses by adhering to all recommended guidelines from relevant government authorities regarding the prevention of infectious diseases and adhere to exclusion periods recommended by the Australian Government National Health and Medical Research Council (NHMRC) and Public Health Unit.

When groups of children play together and are in new surroundings accidents and illnesses may occur. Our OSHC Service is committed to effectively manage our physical environment to allow children to experience challenging situations whilst preventing serious injuries.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
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

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL 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
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RELATED POLICIES

Administration of First Aid Policy Administration of Medication Policy Anaphylaxis Management Policy Asthma Management Policy Child Protection Policy Child Safe Environment Policy Dealing with Infectious Disease Policy Delivery of children to, and collection from ECE Premises Policy Diabetes Management Policy Enrolment Policy Epilepsy Policy	Family Communication Policy Handwashing Policy Health and Safety Policy Immunisation Policy Medical Conditions Policy Privacy and Confidentiality Policy Record Keeping and Retention Policy Safe Use of Digital Technologies and Online Environments Policy Safe Transportation Policy Supervision Policy Work Health and Safety Policy

PURPOSE

Our OSHC Service has a duty of care to respond to and manage illnesses, accidents, incidents, and trauma that may occur at the Service to ensure the safety and wellbeing of children, educators and visitors. This policy will guide educators and staff 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, staff, educators, the approved provider, nominated supervisor, management, students, volunteers and visitors of the OSHC Service.

IMPLEMENTATION

Under the *Education and Care Services National Regulations*, an approved provider must ensure that policies and procedures are in place for incident, injury, trauma and illness and take reasonable steps to ensure policies and procedures are followed. (ACECQA, 2025). 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.

Our OSHC Service implements risk management planning to identify any possible risks and hazards to our learning environment and practices. Where possible, we have eliminated or minimised these risks as is reasonably practicable.

Our OSHC Service implements procedures as stated in the Staying healthy: *Preventing infectious diseases in early childhood education and care services* (6th Edition) as part of our day-to-day operation of the OSHC Service. We are 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.

DEFINITION OF SERIOUS INCIDENT

Regulations require the approved provider or nominated supervisor to notify regulatory authority within 24 hours of any serious incident at the OSHC Service through the NQA IT System

A serious incident (Reg. 12) is defined as any of the following:

a) The death of a child:

(i) while being educated and cared for by an OSHC Service or

(ii) following an incident while being educated and cared for by an OSHC Service.

(b) Any incident involving serious injury or trauma to, or illness of, a child while being educated and cared for by an OSHC Service, which:

(i) a reasonable person would consider required urgent medical attention from a registered medical practitioner or

(ii) for which the child attended, or ought reasonably to have attended, a hospital. For example: whooping cough, broken limb and anaphylaxis reaction

(c) any incident involving serious illness of a child occurring while that child is being educated and cared for by the education and care service for which the child attended, or ought reasonably to have attended, a hospital. Example: severe asthma attack, seizure or anaphylaxis reaction

(d)any emergency for which emergency services attended

(e) any circumstance where a child being educated and cared for by an education and care service

(i) appears to be missing or cannot be accounted for or

(ii) appears to have been taken or removed from the education and care service premises in a manner that contravenes these regulations or

(iii) 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.

PHYSICAL ABUSE/SEXUAL ABUSE

Physical abuse refers to the use of physical force against a child that results in harm to the child.

Sexual abuse is any sexual behaviour including grooming behaviour, between an adult and a child.
Any incident or allegation of physical or sexual abuse to a child whilst being educated and cared for at our Service, must also be notified to the regulatory authority within 24 hours of the approved provider being aware of the incident or allegation. (ACECQA, 2025)

INJURY, INCIDENT OR TRAUMA

In the event of any child, educator, staff, volunteer or visitor having an accident at the OSHC Service, an educator who holds an approved first aid qualification will attend to the person immediately. Adequate supervision will be provided to all children attending the OSHC Service.
Any workplace incident, injury or trauma will be investigated, and records kept as per WHS legislation and guidelines. An *Incident Injury Report Register* will be completed to assist with a review of practices following an incident or injury at the Service, including an assessment of areas for improvement.
All staff and educators are required to follow the procedures outlined in our *First Aid Policy* and First Aid Procedure.

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 at the OSHC Service. 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 of this
- signature of the person making the entry, and the time and date the record was made
- the name and signature of the person who provided or attempted to provide the notice

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 OSHC 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. However, if a child appears to be missing or unaccounted for, removed from the OSHC Service premises that breaches the National Regulations or is mistakenly locked in or locked out of any part of the Service, a serious incident notification must be made to the regulatory authority.

A child may only leave the OSHC Service in the care of a parent, an authorised nominee named in the child's enrolment record or a person authorised by a parent or authorised nominee or because the child requires medical, hospital or ambulance care or other emergency.
Educators must ensure that

- the attendance record is regularly cross-checked to ensure all children signed into the OSHC Service are accounted for
- children are supervised at all times
- visitors to the service are not left alone with children at any time

For After School Care, educators will check that all children booked in for a session of care arrives at the expected time. If a child does not arrive at the OSHC Service or nominated collection point, at the expected time educators will follow procedures outlined in the *Delivery of children to, and collection from ECE Premises Policy*.

Educators will regularly cross-check the attendance record to ensure all children signed into the OSHC Service are accounted for. Should an incident occur where a child is missing from the OSHC 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
- if the child is not located within a 10-minute period, emergency services will be contacted on 000 and the approved provider 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.

If a child is missing during or following transportation the *Missing Child During Regular Transportation Procedure* is to be followed. The approved provider 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 if difficult to determine whether the injury is serious or not. In the event of any head injury, the First Aid officer will assess the child, administer any urgent First Aid and notify parents/guardians of the incident. Head injuries are generally classified as mild, moderate or severe. Mild head injuries may result in a small lump or bruise, however, may still result in a possible concussion. Parents/guardians will be advised to seek medical advice if their child develops any new symptoms of head trauma.

Emergency services will be contacted immediately if the child:

- has sustained a head injury involving high speeds or fallen from a height greater than one metre (play equipment)
- loses consciousness
- has a seizure, convulsion or fit
- seems unwell or vomits several times after hitting their head
- has a severe or increasing headache

(see: *Head Injury Guide and Procedure*)

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 (bush fires), assault, and threats of violence, domestic violence, neglect or abuse and wars or terrorist attacks. Parental or cultural trauma can also have a traumatising effect on children. This definition firmly places trauma into a developmental context:

"Trauma changes the way children understand their world, the people in it and where they belong" (Australian Childhood Foundation, 2010).

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 responses for pre-school aged children and young 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 before parents, educators and staff are able to work out the best ways to support a child. 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 reflecting 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 or staff member if possible
- planning ahead with a range of possibilities 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. This might be your family doctor or another health professional.
- accessing support resources- BeYou, Emerging Minds

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

ILLNESS MANAGEMENT

To reduce the transmission of infectious illness, our OSHC Service implements effective hygiene and infection control routines and procedures from *Staying healthy: Preventing infectious diseases in early childhood education and care services- 6th Edition*.

Practising effective hygiene helps to minimise the risk of cross infection within our Service include:

- immunisation- for children and adults
- respiratory hygiene- limiting airborne germs and the transmission of respiratory diseases. Educators model good hygiene practices and remind children to cough or sneeze into their elbow or use a disposable tissue and wash their hands immediately with soap and water or use hand sanitiser after touching their mouth, eyes or nose.
- hand hygiene- handwashing techniques are practised by all educators and children routinely using soap and water before and after eating, when using the toilet and drying hands thoroughly with paper towel.
- wearing PPE- gloves and masks to provide a protective barrier against germs
- environmental strategies- cleaning with specific products after any spills of body fluids (urine, faeces, vomit, blood); All surfaces including bedding (mat, cushions) used by a child who is unwell, will be cleaned with soap and water and then disinfected.

- toileting- Infection control practices including hand hygiene and proper cleaning and disinfection procedures are implemented
- exclusion – children, educators and other staff who show symptoms of infectious disease are excluded from the Service.

CHILDREN ARRIVING AT THE OSHC 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 OSHC Service (for example: Panadol)
- have had ***any*** diarrhoea and/or vomiting in the last 24 hours
- have started a course of antibiotics in the last 24 hours.

IDENTIFYING SIGNS AND SYMPTOMS OF ILLNESS

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 OSHC 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.

Educators will closely monitor the child focusing on the symptoms displayed and how the child behaves and be alert to the possibility of symptoms that may suggest the child is very sick and needing urgent medical assistance.

Educators will:

- understand the differences between ***concerning and serious symptoms***
- if any ***serious symptoms*** are observed (breathing difficulties, drowsiness or unresponsiveness, looking pale or blue or feeling cold)
    - an ambulance will be called immediately
- if any ***concerning symptoms*** are observed (lethargy, fever, poor feeding, new rash, poor urine output, irritation or pain or sensitivity to light) educators will:
    - monitor the child carefully
    - call parents/carers

    - discuss symptoms with parents/carers and help them decide whether the child needs to see a doctor
- educators will monitor the child and will consider calling an ambulance if:
    - any concerning symptoms become severe
    - the child gets worse very quickly
    - there are multiple concerning symptoms.

(Staying healthy, 6th Edition, 2024)

In the event of any child requiring ambulance transportation and medical intervention, a serious incident will be reported to the regulatory authority (Reg. 12) by the approved provider within 24 hours.

If the child has symptoms that suggest they are sick and they are not well enough to enjoy activities, they should go home and parents/caregivers will be contacted. The child will be cared for in an area that is separated from other children in the OSHC Service to await pick up from their parent/guardian or emergency contact person. A child who is displaying symptoms of a contagious illness or virus (vomiting, diarrhoea, fever) will be moved away immediately from the rest of the group and supervised until he/she is collected by a parent or emergency contact person.

SYMPTOMS INDICATING ILLNESS MAY INCLUDE:

- lethargy and decreased activity
- difficulty breathing
- fever (temperature more than 38° C)
- headaches
- poor feeding
- poor urine output/ dark urine
- a stiff neck, irritability or sensitivity to light
- new red or purple rash
- pain
- diarrhoea
- vomiting
- discharge from the eye or ear
- skin that displays rashes, blisters, spots, crusty or weeping sores
- loss of appetite
- difficulty in swallowing or complaining of a sore throat
- persistent, prolonged or severe coughing
-

HIGH TEMPERATURES OR FEVERS

Children get fevers or temperatures for all kinds of reasons. Most fevers and the illnesses that cause them last only a few days. Recognised authorities suggest a child's normal temperature will range between 36.5° C and 38.0° C.

WHEN A CHILD DEVELOPS A HIGH TEMPERATURE OR FEVER WHILST AT THE OSHC SERVICE

- Educators will check a child's temperature if they think the child has a fever. If it is between 37.5° C and 37.9° C educators will retest within 30 minutes (records will be kept of time, date and temperature)
- Educators will notify parents when a child registers a temperature of 38° C or higher
- Educators will follow the *Illness Management Procedure* for methods to reduce a child's temperature or fever
- The child will need to be collected from the Service as soon as possible
- Educators will monitor the child carefully to ensure their condition does not get worse and call an ambulance immediately if required
- Parents/carers will be provided with a *Fever* factsheet for further information
- 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, vomiting, etc.).
- If the child has gone home from the OSHC Service with a fever but their temperature is normal the next morning they can return to the Service. (Staying healthy, 6th Edition, 2024)

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 such as a cold, influenza or COVID. Some causes, however, are not infectious such as allergies (hay fever).

As each child may have different symptoms of a respiratory illness, our OSHC Service 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).

(Staying healthy, 6th Edition, 2024).

DIARRHOEA AND VOMITING (GASTROENTERITIS)

Gastroenteritis (or 'gastro') is a general term for an illness of the digestive system. Typical symptoms include abdominal cramps, diarrhoea, and vomiting. In many cases, it does not need treatment, and symptoms disappear in a few days. However, gastroenteritis can cause dehydration because of the large amount of fluid lost through vomiting and diarrhoea. Therefore, if a child does not receive enough fluids, he/she may require fluids intravenously.

If a child has diarrhoea and/or vomiting whilst at the OSHC Service, Management will notify parents or an emergency contact to collect the child immediately. Parents/carers will be provided with a *Diarrhoea or vomiting (gastroenteritis*) fact sheet for further information.

In the event of an outbreak of viral gastroenteritis, management will contact the local Public Health Unit. Public Health Unit- Local state and territory health departments. An outbreak is when two or more children or staff have a sudden onset of diarrhoea or vomiting in a 2-day period. Management must document the number of cases, dates of onset, duration of symptoms. (See: *Illness or Infectious Disease Register.*
Staff and children that have had diarrhoea and/or vomiting will be excluded from the OSHC Service until there has not been any diarrhoea or vomiting for at least 24 hours. If the diarrhoea or vomiting are confirmed to be norovirus, they will be excluded until there has not been any diarrhoea or vomiting for at least 48 hours. Staff who handle food will be excluded from the OSHC Service for up to 24 hours after they have stopped vomiting or having diarrhoea. [Staying healthy, 2024.]

NOTIFYING FAMILIES AND EMERGENCY CONTACT- SICKNESS OR INFECTIOUS ILLNESS

- It is a requirement of the OSHC Service that all emergency contacts are able to pick up an ill child within a 30-minute timeframe
- 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, online app 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 and included in our Family Handbook and *Dealing with Infectious Disease Policy*

- Families are provided with clear information about any illness or disease via Factsheets from Staying healthy, 6th Edition.

THE APPROVED PROVIDER, NOMINATED SUPERVISORS, RESPONSIBLE PERSON, AND EDUCATORS WILL ENSURE:

- that obligations under the Education and Care Services National Law and Education and Care Services National Regulations are met and child's safety and wellbeing are prioritised at all times
- educators, staff, students, visitors and volunteers have knowledge of and adhere to this policy and associated procedure and are advised on how and where the policy can be accessed
- 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 applicable legislative and regulatory requirements and not use, or have access to, any personal electronic devices, including mobile phones or smart watches used to take images or videos when educating and caring for children at the OSHC Service
- each child's enrolment records include authorisations 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
- accurate attendance records are kept at all times
- parents or guardians are notified as soon as practicable and no later than 24 hours of the illness, accident, or trauma occurring
- 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)
- 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)
- if the incident, situation or event presents imminent or severe risk to the health, safety and wellbeing of any person present at the OSHC Service, or if an ambulance was called in response to the emergency (not as a precaution) 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 approved provider being aware of any incident or allegation using the NQA ITS incident form
- families are advised to keep their 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)
- children or staff members who are diagnosed with an illness or infectious disease may be excluded as per recommended exclusion periods

- families are notified of any infectious disease circulating the Service within 24 hours of detection
- a child who has not been immunised will be excluded from the Service if a vaccine preventable disease is reported within the Service community and that child is deemed to be in danger of contracting the illness. Please refer to our *Dealing with Infectious Diseases Policy*
- families of a child with complex and chronic medical conditions will be notified in the event of an outbreak of an illness or infectious disease that could compromise their health
- families are notified to collect their child if they have vomited or had diarrhoea whilst at the OSHC Service
- first aid kits are suitably equipped and checked.
- first aid kits are easily accessible when children are present at the OSHC Service and during excursions
- that the following qualified people are in attendance **at all times** the Service is providing education and care to children [Reg. 136]
    - at least one educator, staff member or nominated supervisor who holds a current ACECQA approved first aid qualification- including emergency life support and CPR resuscitation
    - at least one educator, staff member or nominated supervisor of the Service who has undertaken current approved anaphylaxis management training
    - at least one educator, staff member or nominated supervisor of the Service who has undertaken current approved emergency asthma management training
- educators or staff who have diarrhoea or an infectious disease do not prepare food for others for at least 48 hours after the symptoms have resolved
- cold food is kept cold (below 5 °C) and hot food, hot (above 60° C) to discourage the growth of bacteria
- 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 which is recorded in the toy cleaning register or cleaned immediately if a child who is unwell has used toys or resources
- additional cleaning will be implemented during any outbreak of an infectious illness or virus
- all illnesses are documented in the service's *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, in writing, or provided the disclosure is required or authorised by law under relevant state/territory legislation (including Child Information Sharing Scheme [CISS] or the Family Violence Information Sharing Scheme [FVISS] for Victorian services)
- a review of practices is conducted following a serious incident at the Service, including an assessment of areas for improvement
- a review of practices is conducted following an outbreak of illness or infectious diseases at the Service, including an assessment of areas for improvement.

FAMILIES WILL:

- adhere to the Service's policies regarding *Incident, Injury, Trauma and Illness*
- provide authorisation in the child's enrolment record for the approved provider, nominated supervisor or educator to seek medical treatment from a medical practitioner, hospital or ambulance service and if required, transportation by ambulance service (parents are advised the cost of an ambulance is NOT covered by the 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
- ensure that their child is able to be collected from the Service if required due to illness by either a parent or emergency contact
- provide the OSHC Service with all relevant medical information, including Medicare and private health insurance
- provide a copy of their child's medical management plans and update these annually or whenever medication/medical needs change
- adhere to recommended periods of exclusion if their child has a virus or infectious illness- (exclusion for common or concerning conditions)
- seek medical advice for their child's illness/fever as required
- 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
- inform the OSHC 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- including post-surgery
- provide written consent for educators to administer first aid and call an ambulance if required (as per enrolment record)
- complete and acknowledge details in the *Administration of Medication Record* if required.

BREACH OF POLICY

Staff members or educators who fail to adhere to this policy may be in breach of their terms of employment and may face disciplinary action.

RESOURCES

beyou Natural Disaster Resource

Emerging Minds Community Trauma Toolkit

Common cold fact sheet

Concussion and mild head injury

Exclusion for common or concerning conditions

NSW Health Gastro Pack NSW Health

NSW Health Stopping the spread of childhood infections factsheet.

Staying healthy- 6th Edition Fact sheets

Time Out Brochure Why do I need to keep my child at home?

The Sydney Children's Hospitals network (2020). Fever

CONTINUOUS IMPROVEMENT/REFLECTION

The *Incident, Injury, Trauma and Illness Policy* will be evaluated and reviewed on an annual basis or earlier if there are changes to legislation, ACECQA guidance or incidences related to child safety or celebration practices. Feedback will be requested from children, families, staff, educators and management and notification of any change to policies will be made to families within 14 days.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Administration of Medication Form	Illness or Infectious Disease Register
Administration of Paracetamol Record	Incident, Injury, Trauma or Illness Record
First Aid Checklist	Missing Child During Regular Transportation Procedure
Hand Washing Procedure	Missing Child Procedure
Head Injury Guide and Procedure	Regulatory Authority Notifications Procedure
Illness Management Procedure	

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. *My Time, Our Place- Framework for School Age Care in Australia. V2.0, 2022*
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

REVIEW

POLICY REVIEWED BY	Marty Gray	Principal	March 26
POLICY REVIEWED	MARCH 2026	NEXT REVIEW DATE	MARCH 2027
VERSION NUMBER	V16.03.26		
MODIFICATIONS	• annual policy review • definition of serious incident edited • added children's safety, wellbeing and best interests to be paramount consideration for all service operations • updated amended National Law and National Regulations • minor edits to enhance child safety practices • National Model Code recommendations now replaced by mandatory legislative and regulatory requirements		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE