

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 public health units.

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 Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
Sec.165	Offence to inadequately supervise children

Sec. 174(2)(a)	Prescribed information to be notified to Regulatory Authority
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RELATED POLICIES

Administration of First Aid Policy Administration of Medication Policy Anaphylaxis Management Policy Asthma Management 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 Transportation Policy Work Health and Safety Policy
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PURPOSE

Our 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, 2021). In the event of an incident, injury, trauma or illness, all staff will implement the guidelines set out in this policy to adhere to National Law and Regulations and inform the regulatory authority as required.

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* (Fifth Edition) developed by the Australian Government National Health and Medical Research Council as part of our day-to-day operation of the 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.

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 has a First Aid Certificate will attend to the person immediately. Adequate supervision will be provided to all children attending the Service.

Any workplace incident, injury or trauma will be investigated, and records kept as per WHS legislation and guidelines.

All staff and educators are required to follow the procedures outlined in our *First Aid Policy* and First Aid Procedure.

DEFINITION OF SERIOUS INCIDENT

Regulations require the Approved Provider or Nominated Supervisor to notify Regulatory Authorities 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 or emergency where the attendance of emergency services at the OSHC Service premises was sought, or ought reasonably to have been sought (eg: severe asthma attack, seizure or anaphylaxis)

(d) Any circumstance where a child being educated and cared for by an OSHC Service

- (i) appears to be missing or cannot be accounted for or
- (ii) appears to have been taken or removed from the OSHC Service premises in a manner that contravenes these regulations or
- (iii) is mistakenly locked in or locked out of the OSHC Service premises or any part of the premises.

INCIDENT, INJURY, TRAUMA AND ILLNESS RECORD

An *Incident, Injury, Trauma and Illness* record contains details of any incident, injury, trauma or illness that 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

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, 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 is difficult to determine whether the injury is serious or not. Therefore, any knock to the head is considered a *head injury* and should be assessed by a doctor. In the event of any head injury, the First Aid officer will assess the child, administer any urgent First Aid and notify parents/guardians to collect their child.

Emergency services will be contacted immediately on 000 if the child:

- has sustained a head injury involving high speeds or fallen from a height (play equipment)
- loses consciousness
- seems unwell or vomits several times after hitting their head

(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 ‘naughty’ 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 as per the *Staying healthy: Preventing infectious diseases in early childhood education and care services guidelines*. If a child is unwell or displaying symptoms of a cold or flu virus, parents are requested to keep the child away from the OSHC Service. Infectious illnesses can be spread quickly from one person to another usually through respiratory droplets or from a child or person touching their own mouth or nose and then touching an object or surface.

PREVENTING THE SPREAD OF ILLNESS

Practising effective hygiene helps to minimise the risk of cross infection within our OSHC Service.

Educators model good hygiene practices and remind children to cough or sneeze into their elbow or use a disposable tissue and wash their hands with soap and water for at least 20 seconds after touching their mouth, eyes or nose.

Handwashing techniques are practised by all educators and children routinely using soap and water before and after eating and when using the toilet and drying hands thoroughly with paper towel. (See *Handwashing Policy*).

All surfaces including bedding (pillows, mat, cushion) used by a child who is unwell, will be cleaned with soap and water and then disinfected.

CHILDREN ARRIVING AT THE OSHC SERVICE WHO ARE UNWELL

Management will not accept a child into care if they:

- have a contagious illness or infectious disease
- are unwell and unable to participate in normal activities or require additional attention
- have been vomiting in the last 24 hours- as reported by a parent
- have had diarrhoea in the last 48 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. To ensure the symptoms are not infectious and to minimise the spread of an infection, medical advice is required to ensure a safe and healthy environment.

Children who appear unwell at the OSHC Service will be closely monitored and if any symptoms described below are noticed, or the child is not well enough to participate in normal activities, parents or an emergency contact person will be contacted to collect the child as soon as possible. A child who is displaying symptoms of a contagious illness (vomiting, diarrhoea) will be moved away 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:

- behaviour that is unusual for the individual child
- high temperature or fevers

- loose bowels
- faeces that are grey, pale or contains blood
- vomiting
- discharge from the eye or ear
- skin that displays rashes, blisters, spots, crusty or weeping sores
- loss of appetite
- dark urine
- headaches
- stiff muscles or joint pain
- a stiff neck or sensitivity to light
- continuous scratching of scalp or skin
- difficulty in swallowing or complaining of a sore throat
- persistent, prolonged or severe coughing
- difficulty breathing

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. However sometimes a fever will last much longer and might be the sign of an underlying chronic or long-term illness or disease.

Recognised authorities suggest a child's normal temperature will range between 36.0°C and 37.0°C, but this will often depend on the age of the child and the time of day.

Any child with a high fever or temperature will not be permitted to attend the OSHC Service until 24 hours after the temperature/fever has subsided.

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

- Educators will closely monitor the child focusing on how the child looks and behaves and be alert to the possibility of vomiting, coughing or convulsions
- Educators will notify parents when a child registers a high
- The child will be cared for in an area that is separated from other children in the service to await pick up from their parent/guardian or authorised nominee
- The child will need to be collected from the OSHC Service and will not be permitted back for a further 24 hours

- Educators will complete an *Illness, 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.).
- Emergency services will be contacted should the child have trouble breathing, becomes drowsy or unresponsive or suffers a convulsion lasting longer than five minutes
- 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.

METHODS TO REDUCE A CHILD'S TEMPERATURE OR FEVER

- encourage the child to drink small sips of water regularly
- remove excessive clothing (shoes, socks, jumpers, pants etc.) Educators will be mindful of cultural beliefs.
- if requested by a parent or emergency contact person and written parental permission to administer paracetamol or ibuprofen is recorded in the child's individual enrolment form, staff may administer paracetamol or ibuprofen (Panadol or Nurofen) in an attempt to bring the temperature down. However, a parent or emergency contact person, must still collect the child from the OSHC Service
- before giving any medication to children, the medical history of the child must be checked for possible allergies
- the child's temperature, time, medication, dosage, and the staff member's name will be recorded in the *Incident, Injury, Trauma and Illness Record*. Parents/guardians will be requested to sign and acknowledge the *Administration of Medication Form* or *Administration of Paracetamol Record* when collecting their child.

DEALING WITH COLDS/FLU (RUNNY NOSE)

It is very difficult to distinguish between the symptoms of COVID-19, influenza and a cold. If any child, employee or visitor has any infectious or respiratory symptoms (such as sore throat, headache, fever, shortness of breath, muscle aches, cough or runny nose) they are requested to either stay at home or self-test using a Rapid antigen test (RAT). (See: Australian Government [Identifying the symptoms](#))

Colds are the most common cause of illness in children and adults. There are more than 200 types of viruses that can cause the common cold. Symptoms include a runny or blocked nose, sneezing and coughing, watery eyes, headache, a mild sore throat, and possibly a slight fever. 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. As children get older, and as they are exposed to greater numbers of children, they get fewer colds each year because of increased immunity.

Children can become distressed and lethargic when unwell. Discharge coming from a child's nose and coughing can lead to germs spreading to other children, educators, toys, and equipment.

Influenza is a highly contagious illness and can spread to others for 24 hours before symptoms start. To prevent the spread of influenza our Service encourages staff and children to ensure their vaccinations are up to date.

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. 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](#)

Management must document the number of cases, dates of onset, duration of symptoms. An outbreak is when two or more children or staff have a sudden onset of diarrhoea or vomiting in a 2-day period. (NSW Government- Health 2019) See: *Illness or Infectious Disease Register*)

Children that have had diarrhoea and/or vomiting will be asked to stay away from the OSHC Service until after symptoms have ceased to reduce infection transmission as symptoms can reappear after 24 hours in many instances.

An *Incident, Injury, Trauma and Illness* record must be completed as per regulations. Notifications for serious illnesses must be lodged with the Regulatory Authority and Public Health Unit.

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
- In the event that the ill child is not collected in a timely manner, or should parents refuse to collect the child, a warning letter will be sent to the families outlining Service policies and requirements. The letter of warning will specify that if there is a future breach of this nature, the child's position may be terminated.

- 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*.
- Exclusion periods for illness and infectious diseases are provided to families and included in our Family Handbook and *Dealing with Infectious Disease Policy*.

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

- that obligations under the *Education and Care Services National Law and National Regulations* are met
- educators, staff, students, visitors and volunteers have knowledge of and adhere to this policy and associated procedure
- 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
- parents or guardians are notified as soon as practicable and no later than 24 hours of the illness, accident, or trauma occurring
- 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
- 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 regularly (see *First Aid Kit Checklist*)
- 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
- 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).

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
- 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 within a 30-minute timeframe if required due to illness by either a parent or emergency contact

- provide the OSHC Service with all relevant medical information, including Medicare
- 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
- 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 Bushfire resource](#)

[Emerging Minds Community Trauma Toolkit](#)

[Fever in children- \(health direct.gov.au\)](#)

[Head Injury and concussion](#)

[Minimum periods for exclusion from childcare services](#)

[NSW Health Gastro Pack NSW Health](#)

NSW Health [Stopping the spread of childhood infections factsheet.](#)

Staying Healthy: *Preventing infectious diseases in early childhood education and care services*

[Time Out Keeping your child and other kids healthy!](#) (Queensland Government)

Time Out Brochure [Why do I need to keep my child at home?](#)

CONTINUOUS IMPROVEMENT/REFLECTION

The *Incident, Injury, Trauma and Illness Policy* will be reviewed on an annual basis in conjunction with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

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

SOURCES

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- Raising Children Network: <https://raisingchildren.net.au/guides/a-z-health-reference/fever>
- Revised National Quality Standard. (2018).
- SafeWork Australia: [First Aid](#)
- The Sydney Children’s Hospitals network (2020). [Fever](#)
- [Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY	JOSHUA PEACHEY	EDUCATIONAL LEADER	22/4/24
POLICY REVIEWED	APRIL 2024	NEXT REVIEW DATE	APRIL 2025
VERSION NUMBER	V12.03.24		
MODIFICATIONS	<ul style="list-style-type: none"> major review of policy rearranged content of policy and responsibilities to align with policy title (incident, injury, trauma and illness) merged contents of <i>Sick Children’s Policy</i> into this current policy sources checked for currency and repaired as required 		

POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
MARCH 2023	<ul style="list-style-type: none"> • annual policy maintenance • name change of Control of Infectious Disease Policy to <i>Dealing with Infectious Disease Policy</i> • vaccination requirements for COVID 19 removed • updated information on managing positive COVID cases added • hyperlinks checked and repaired as required • continuous improvement section and Resource section added • MTOP V.20 updated in sources • link to Western Australian Education and Care Services National Regulations added in 'Sources' • procedure removed from policy (available on Desktop) 	MARCH 2024
MARCH 2022	<ul style="list-style-type: none"> • updated information re: COVID-19 • updated Parent/Family notification for positive COVID-19 • broken links repaired in sources 	MARCH 2023
OCTOBER 2021	<ul style="list-style-type: none"> • Policy reviewed and included suggested guidelines from ACECQA Incident, Injury, Trauma and Illness (June 2021) • Additional legislative requirements added • Additional related policies • information about Child Information Sharing Schemes (CISS) added for state/territories as required 	MARCH 2022
MARCH 2021	<ul style="list-style-type: none"> • Policy title changed to align with Regulations 85-87 • Information related to administration of paracetamol added • additional sections added for <i>Head Injuries and Missing or unaccounted children</i> • edits to policy to reflect record keeping requirements • Draft Injury, Illness Procedures included in policy • currency of links/sources checked 	MARCH 2022
JUNE 2020	<ul style="list-style-type: none"> • inclusion of COVID-19 risk mitigation strategies • information about COVID-19 included in policy • Public Health Unit information added 	MARCH 2021

	<ul style="list-style-type: none"> • additional information related to COVID-19 symptoms added to 'dealing with cold and flu' section • references included to Sick Children and Hand Washing Policy • additional resources and sources added 	
MARCH 2020	<ul style="list-style-type: none"> • Preventing the spread of illness section added • additional information about fevers and temperatures added • section regarding sponging children to reduce fever deleted (Sydney Children's Hospital recommendation) • additional information for trauma added • sources checked for currency/additional sources added 	MARCH 2021
MARCH 2019	<ul style="list-style-type: none"> • Points in this section re-worded and order of points re-organised for better flow. • Additional information added to points. • Sources checked for currency. • Sources/references corrected, updated, and alphabetised. 	MARCH 2020
MAY 2018	<ul style="list-style-type: none"> • Exclusion period for gastroenteritis has been changed to assist in minimising the spread of infection 	MARCH 2019