



P-2.13 Incident, Injury, Trauma and Illness

POLICY STATEMENT

The health and safety of all staff, children, families and visitors to our 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

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| 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. |
| | Child Safety and Protection (effective Jan 2026) | 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

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|-------|--|
| S.165 | Offence to inadequately supervise children |
| S.167 | Offence related to protection of children from harm and hazards |
| S.174 | Offence to fail to notify certain information to Regulatory Authority |
| 12 | Meaning of serious incident |
| 77 | Health, hygiene and safe food practices |
| 84 | Awareness of child protection law |
| 85 | Incident, injury, trauma and illness policies and procedures |
| 86 | Notification to parents of incident, injury, trauma and illness |
| 87 | Incident, injury, trauma and illness record |
| 88 | Infectious diseases |
| 89 | First aid kits |
| 90 | Medical conditions policy |
| 93 | Administration of medication |
| 95 | Procedure for administration of medication |
| 97 | Emergency and evacuation procedures |
| 103 | Premises, furniture and equipment to be safe, clean and in good repair |
| 161 | Authorisations to be kept in enrolment record |
| 162 | Health information to be kept in enrolment record |

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| 168 | Education and care service must have policies and procedures |
| 170 | Policies and procedures to be followed |
| 171 | Policies and procedures to be kept available |
| 172 | Notification of change to policies or procedures |
| 174 | Time to notify certain circumstances to Regulatory Authority |
| 175 | Prescribed information to be notified to regulatory authority |
| 176 | Time to notify certain information to Regulatory Authority |
| 177 | Prescribed enrolment and other documents to be kept by approved provider |
| 183 | Storage of record and other documents |

| RELATED POLICIES | |
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| Administration of First Aid Policy Administration of Medication Policy Providing a Child Safe Environment Policy Dealing with Infectious Disease Policy Delivery of children to, and collection of Children Policy Enrolment Policy Supervision Policy | Health and Safety Policy Immunisation Policy Medical Conditions Policy Privacy and Confidentiality Policy Road Safety Policy Safe Transportation Policy Safe Use of Digital Technologies and Online Environments Policy |

| DEFINITIONS | | | | | |
|--|--|-------------|------------|----------------------|-------------------|
| DEBASCA | Denistone East Before and After School Care Association | | | | |
| ACECQA - <i>Australian Children’s Education & Care Quality Authority</i> | The independent national authority that works with all regulatory authorities to administer the National Quality Framework, including the provision of guidance, resources and services to support the sector to improve outcomes for children. | | | | |
| A child or adult will be considered as ill if he/she: | <ul style="list-style-type: none">• Sleeps at unusual times, is lethargic.• Has a fever over 38°C• Is crying constantly from discomfort• Vomits or has diarrhoea.• Is in need of constant one to one care.• Is suspected of having an infectious disease. | | | | |
| Approved anaphylaxis management training | Anaphylaxis management training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website. (reg 136) | | | | |
| Approved first aid qualification | A qualification that includes training in the matters set out below, that relates to and is appropriate to children and has been approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website. Matters are likely to include: Emergency life support and cardiopulmonary resuscitation; convulsions; poisoning; respiratory difficulties; management of severe bleeding; injury and basic wound care; and administration of an auto-immune adrenalin device. (reg 136) | | | | |
| Emergency | An incident, situation, or event where there is an imminent or severe risk to the health, safety or wellbeing of a person at the service. For example, a flood, fire or a situation that requires the service premises to be locked down. (Guide to NQF) | | | | |
| Emergency services | Includes ambulance, fire brigade, police and state emergency services. | | | | |
| First Aid | Is the immediate treatment or care given to a person suffering from an injury or illness until more advanced care is provided or the person recovers. First aid training should be delivered by approved first aid providers, and a list is published on the ACECQA website: acecqa.gov. au/qualifications/requirements/first-aid-qualifications-training (SafeWork Australia) | | | | |
| Hazard | A source of potential harm or a situation that could cause or lead to harm to people or property. Work hazards can be physical, chemical, biological, mechanical or psychological. | | | | |
| Injury | Any physical damage to the body caused by violence or an incident. | | | | |
| Medication | Medicine within the meaning of the Therapeutic Goods Act 1989 of the Commonwealth. Medicine includes prescription, over-the-counter and complementary medicines. All therapeutic goods in Australia are listed on the Australian Register of Therapeutic Goods, | | | | |
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| | available on the Therapeutic Goods Administration website (tga.gov.au). |
| Medical Attention | Includes a visit to a registered medical practitioner or attendance at a hospital. |
| Medical management plan (MMP) | A document that has been written and signed by a doctor. A MMP includes the child's name and photograph. It also describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition.(Reg 90) For example an ASCIA Action Plan. |
| Minor Incident | An incident that results in an injury that is small and does not require medical attention. |
| Notifiable incident | Any incidents that seriously compromise the safety, health or wellbeing of children. The notification needs to be provided to the regulatory authority and also to parents within 24 hours of a serious incident. The regulatory authority can be notified online through the NQA IT System. (Law section 174, Reg 86) |
| Serious Incident | <p>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 <u>NQA IT System</u></p> <p>A serious incident (Reg. 12) is defined as any of the following:</p> <p>a) The death of a child:</p> <ul style="list-style-type: none"> (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. <p>(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:</p> <ul style="list-style-type: none"> (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. <p>For example: whooping cough, broken limb and anaphylaxis reaction</p> <p>(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)</p> <p>(d) Any circumstance where a child being educated and cared for by an OSHC Service</p> <ul style="list-style-type: none"> (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. <p>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.</p> |
| Trauma | Is when a child feels intensely threatened by an event he or she is involved in or witnesses, eg emergency situation, any serious incident |
| 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) |

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, staff 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 all DEBASCA stakeholders.

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RESPONSIBILITIES

Responsibility for implementation of this policy lies with the Director or other authorised representative approved by the Director and the Management Committee.

TRAINING REQUIREMENTS

Personnel having responsibilities under this procedure will be trained within induction and with the ACECQA approved First Aid, asthma & anaphylaxis qualifications to assist in fulfilling their roles effectively. Records of these will be kept on file.

1. IMPLEMENTATION

- 1.1. 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).
- 1.2. 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 National Law and Regulations and inform the regulatory authority as required for notifiable incidents.
- 1.3. Our 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.
- 1.4. Our 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.

2. INJURY, INCIDENT OR TRAUMA

- 2.1. 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.
- 2.2. 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.
- 2.3. All staff and educators are required to follow the procedures outlined in our *First Aid Policy* and First Aid Procedure.

3. INCIDENT, INJURY, TRAUMA AND ILLNESS RECORD

- 3.1. 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:
 - 3.1.1. name and age of the child
 - 3.1.2. circumstances leading to the incident, injury, illness
 - 3.1.3. time and date the incident occurred, the injury was received, or the child was subjected to trauma
 - 3.1.4. 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
 - 3.1.5. details of the action taken by the educator including any medication administered, first aid provided, or medical professionals contacted
 - 3.1.6. details of any person who witnessed the incident, injury or trauma
 - 3.1.7. names of any person the educator notified or attempted to notify, and the time and date of this
 - 3.1.8. signature of the person making the entry, and the time and date the record was made
- 3.2. 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.
- 3.3. 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.

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- 3.4. All Incident, Injury, Trauma and Illness Records must be kept until the child is 25 years of age. (See: *Record Keeping and Retention Policy*).

4. MISSING OR UNACCOUNTED FOR CHILD

- 4.1. 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.
- 4.2. A child may only leave the 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.
- 4.3. Educators must ensure that
- 4.3.1. the attendance record is regularly cross-checked to ensure all children signed into the Service are accounted for
 - 4.3.2. children are supervised at all times
 - 4.3.3. visitors to the service are not left alone with children at any time
- 4.4. 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 Education Premises Policy*.
- 4.5. 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:
- 4.5.1. 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)
 - 4.5.2. cross check the attendance record to ensure the child hasn't been collected by an authorised person and/or signed out by another person
 - 4.5.3. if the child is not located within a 15-minute period, and no contact is able to made with the parents/school/emergency contacts regarding the child's whereabouts, emergency services will be contacted on 000. The service will notify the parent/s or guardian and keep in contact with them throughout the search
 - 4.5.4. continue to search for the missing child until emergency services arrive whilst providing supervision for other children in care
 - 4.5.5. provide information to Police such as: child's name, age, appearance, (provide a photograph), details of where the child was last sighted.
- 4.6. 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.

5. HEAD INJURIES

- 5.1. 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. 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.
- 5.2. Emergency services will be contacted immediately if the child:
- 5.2.1. has sustained a head injury involving high speeds or fallen from a height greater than one metre (play equipment)
 - 5.2.2. loses consciousness
 - 5.2.3. has a seizure, convulsion or fit
 - 5.2.4. seems unwell or vomits several times after hitting their head
 - 5.2.5. has a severe or increasing headache

6. TRAUMA

- 6.1. 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,

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neglect or abuse and wars or terrorist attacks. Parental or cultural trauma can also have a traumatising effect on children.

- 6.2. 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).
 - 6.3. 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.
 - 6.4. Behavioural responses for pre-school aged children and young children who have experienced trauma may include:
 - 6.4.1. new or increased clingy behaviour such as constantly following a parent, carer or staff around
 - 6.4.2. anxiety when separated from parents or carers
 - 6.4.3. new problems with skills like sleeping, eating, going to the toilet and paying attention
 - 6.4.4. shutting down and withdrawing from everyday experiences
 - 6.4.5. difficulties enjoying activities
 - 6.4.6. being jumpier or easily frightened
 - 6.4.7. physical complaints with no known cause such as stomach pains and headaches
 - 6.4.8. blaming themselves and thinking the trauma was their fault.
 - 6.5. 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.
 - 6.6. 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.
- 7. EDUCATORS CAN ASSIST CHILDREN DEALING WITH TRAUMA BY:**
- 7.1. observing the behaviours and expressed feelings of a child and documenting responses that were most helpful in these situations
 - 7.2. creating a ‘relaxation’ space with familiar and comforting toys and objects children can use when they are having a difficult time
 - 7.3. having quiet time such as reading a story about feelings together
 - 7.4. 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)
 - 7.5. helping children understand their feelings by using reflecting statements (e.g., ‘you look sad/angry right now, I wonder if you need some help?’)
- 8.** 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.
- 9. STRATEGIES TO ASSIST FAMILIES, EDUCATORS AND STAFF TO COPE WITH CHILDREN’S STRESS OR TRAUMA MAY INCLUDE:**
- 9.1. 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
 - 9.2. planning ahead with a range of possibilities in case difficult situations occur
 - 9.3. 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.
 - 9.4. using supports available to you within your relationships (e.g., family, friends, colleagues).
 - 9.5. identifying a supportive person to talk to about your experiences. This might be your family doctor or another health professional.
 - 9.6. 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.*

10. ILLNESS MANAGEMENT

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

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services- 6th Edition.

- 10.2. Practising effective hygiene helps to minimise the risk of cross infection within our Service include:
- 10.2.1. immunisation- for children and adults
 - 10.2.2. 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.
 - 10.2.3. 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.
 - 10.2.4. parents, families and visitors are requested to wash their hands upon arrival and departure at the Service or use an alcohol-based hand sanitizer
 - 10.2.5. wearing PPE- gloves and masks to provide a protective barrier against germs
 - 10.2.6. 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.
 - 10.2.7. toileting- Infection control practices including hand hygiene and proper cleaning and disinfection procedures are implemented
 - 10.2.8. exclusion – children, educators and other staff who show symptoms of infectious disease are excluded from the Service.

11. CHILDREN ARRIVING AT THE OSHC SERVICE WHO ARE UNWELL (EXCLUSION)

- 11.1. Management will not accept a child into care if they:
- 11.1.1. have a diagnosed contagious illness or infectious disease [specific exclusion periods may apply]
 - 11.1.2. have a temperature above 38.0°C
 - 11.1.3. have been given medication for a temperature prior to arriving at the OSHC Service (for example: Panadol)
 - 11.1.4. have had *any* diarrhoea and/or vomiting in the last 48 hours
 - 11.1.5. have started a course of antibiotics in the last 24 hours.
 - 11.1.6. are unwell and unable to participate in normal activities or require additional attention

12. IDENTIFYING SIGNS AND SYMPTOMS OF ILLNESS

- 12.1. 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.
- 12.2. 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.
- 12.3. Educators will:
- 12.3.1. understand the differences between *concerning* and *serious symptoms*
- 12.4. if any *serious symptoms* are observed (breathing difficulties, drowsiness or unresponsiveness, looking pale or blue or feeling cold):
- 12.4.1. an ambulance will be called immediately
- 12.5. if any *concerning symptoms* are observed (lethargy, fever, poor feeding, new rash, poor urine output, irritation or pain or sensitivity to light) educators will:
- 12.5.1. monitor the child carefully
 - 12.5.2. call parents/carers
 - 12.5.3. discuss symptoms with parents/carers and help them decide whether the child needs to see a doctor
- 12.6. educators will monitor the child and will consider calling an ambulance if:
- 12.6.1. any concerning symptoms become severe
 - 12.6.2. the child gets worse very quickly
 - 12.6.3. there are multiple concerning symptoms. (Staying healthy, 6th Edition, 2024)
- 12.7. 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.
- 12.8. 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

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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.

13. SYMPTOMS INDICATING ILLNESS MAY INCLUDE (but not limited to):

- 13.1. lethargy and decreased activity
- 13.2. difficulty breathing
- 13.3. fever (temperature more than 38°C)
- 13.4. headaches
- 13.5. poor feeding
- 13.6. poor urine output/ dark urine
- 13.7. a stiff neck, irritability or sensitivity to light
- 13.8. new red or purple rash
- 13.9. pain
- 13.10. diarrhoea
- 13.11. vomiting
- 13.12. discharge from the eye or ear
- 13.13. skin that displays rashes, blisters, spots, crusty or weeping sores
- 13.14. loss of appetite
- 13.15. difficulty in swallowing or complaining of a sore throat
- 13.16. persistent, prolonged or severe coughing

14. DEALING WITH COLDS/FLU

- 14.1. 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
- 14.2. Children can become distressed and lethargic when unwell
- 14.3. Discharge coming from a child's nose and coughing can lead to germs spreading to other children, educators, toys, and equipment
- 14.4. 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 should remain at home to recuperate, or will be sent home to recuperate
- 14.5. Management reserves the right to send staff and children home if they appear unwell due to a cold or general illness

15. HIGH TEMPERATURES OR FEVERS

- 15.1. 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.

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

- 16.1. 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)
- 16.2. Educators will notify parents when a child registers a temperature of 38°C or higher
- 16.3. Educators will follow the *Illness Management Procedure* for methods to reduce a child's temperature or fever
- 16.4. The child will need to be collected from the Service as soon as possible (within 30 minutes)
- 16.5. Educators will monitor the child carefully to ensure their condition does not get worse and call an ambulance immediately if required
- 16.6. Parents/carers will be provided with a *Fever* factsheet for further information
- 16.7. 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.).
- 16.8. If the child has gone home from the Service with a fever but their temperature is normal the next morning they may return to the Service. (Staying healthy, 6th Edition, 2024)

17. PARACETAMOL – see *Administration of Medication Policy*

- 17.1. If a child's temperature is very high and cannot be brought down and parents cannot be contacted, staff will check

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the permission given on the child's enrolment form. If the situation becomes serious, an ambulance should be called.

17.2. Staff will then proceed to follow *Administration of Medication Policy – Guidelines for Administering Paracetamol*

18. RESPIRATORY SYMPTOMS

18.1. 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).

18.2. 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.

18.3. A child will be excluded from the Service if:

- 18.3.1. the respiratory symptoms are severe or;
- 18.3.2. the symptoms become worse during the course of the day (more frequent or severe) or;
- 18.3.3. the child has other concerning symptoms (fever, tiredness, pain, poor feeding). (*Staying healthy, 6th Edition, 2024*).

19. DIARRHOEA AND VOMITING (GASTROENTERITIS)

19.1. 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.

19.2. 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.

19.3. 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*).

19.4. 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 48 hours.

19.5. 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.

19.6. Staff who handle food will be excluded from the OSHC Service for up to 48 hours after they have stopped vomiting or having diarrhoea. [*Staying healthy, 2024*.]

20. NOTIFYING FAMILIES AND EMERGENCY CONTACT- SICKNESS OR INFECTIOUS ILLNESS

20.1. 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

20.2. 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.

20.3. Parents or guardians are notified as soon as practicable and no later than 24 hours of the illness, accident, or trauma occurring

20.4. 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

20.5. 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

20.6. Exclusion periods for illness and infectious diseases are provided to families and included in our Family Handbook and *Dealing with Infectious Disease Policy*. If there is a Government/Departmental update to the exclusion periods that has not yet been updated in the Handbook or policies, the Government/Departmental guideline will override.

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

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

- 21.1. that obligations under the *Education and Care Services National Law and National Regulations* are met and child's safety and wellbeing are prioritised at all times
- 21.2. 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
- 21.3. every reasonable precaution is taken to protect children from harm and hazards likely to cause injury
- 21.4. all educators, staff and students are aware of their mandatory reporting obligations and responsibilities
- 21.5. staff, educators, volunteers, and students adhere to the National Model Code and Guidelines 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
- 21.6. 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
- 21.7. accurate attendance records are kept at all times
- 21.8. parents or guardians are notified as soon as practicable and no later than 24 hours of the illness, accident, or trauma occurring
- 21.9. 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)
- 21.10. 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)
- 21.11. 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
- 21.12. 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
- 21.13. 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)
- 21.14. children or staff members who are diagnosed with an illness or infectious disease may be excluded as per recommended exclusion periods
- 21.15. families are notified of any infectious disease circulating the Service within 24 hours of detection
- 21.16. 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*
- 21.17. 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
- 21.18. families are notified to collect their child if they have vomited or had diarrhoea whilst at the OSHC Service
- 21.19. a review of practices is conducted following an outbreak of illness or infectious diseases at the Service, including an assessment of areas for improvement
- 21.20. first aid kits are suitably equipped and checked on a monthly basis (see *First Aid Kit Checklist*)
- 21.21. first aid kits are easily accessible when children are present at the OSHC Service and during excursions
- 21.22. that the following qualified people are in attendance at all times the Service is providing education and care to children [Reg. 136]
 - 21.22.1. 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
 - 21.22.2. at least one educator, staff member or nominated supervisor of the Service who has undertaken current approved anaphylaxis management training
 - 21.22.3. at least one educator, staff member or nominated supervisor of the Service who has undertaken current approved emergency asthma management training
- 21.23. 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
- 21.24. cold food is kept cold (below 5 °C) and hot food, hot (above 60°C) to discourage the growth of bacteria
- 21.25. staff and children always practice appropriate hand hygiene and cough and sneezing etiquette

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- 21.26. appropriate cleaning practices are followed
- 21.27. 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
- 21.28. additional cleaning will be implemented during any outbreak of an infectious illness or virus
- 21.29. all illnesses are documented in the service's *Incident, Injury, Trauma and Illness Record*
- 21.30. 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.

22. FAMILIES WILL:

- 22.1. adhere to the Service's policies regarding *Incident, Injury, Trauma and Illness*
- 22.2. 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, as per the Enrolment Form, that cost of ambulance is not covered by the service and that parents are to check with their insurance provider.
- 22.3. provide up to date medical and contact information in case of an emergency
- 22.4. provide emergency contact details and ensure details are kept up to date
- 22.5. 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
- 22.6. provide the Service with all relevant medical information, including Medicare and private health insurance
- 22.7. provide a copy of their child's medical management plans and update these annually or whenever medication/medical needs change
- 22.8. adhere to recommended periods of exclusion if their child has a virus or infectious illness- (exclusion for common or concerning conditions) and for NSW: <https://www.health.nsw.gov.au/Infectious/factsheets/Pages/school-exclusion-periods.aspx>
- 22.9. seek medical advice for their child's illness/fever as required
- 22.10. 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
- 22.11. inform the OSHC Service if their child has an infectious disease or illness
- 22.12. provide evidence as required from doctors or specialists that the child is fit to return to care if required- including post-surgery
- 22.13. provide written consent for educators to administer first aid and call an ambulance if required (as per enrolment record)
- 22.14. complete and acknowledge details in the *Administration of Medication Record* if required.

23. BREACH OF POLICY

- 23.1. 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.

24. CONTINUOUS IMPROVEMENT/EVALUATION

- 24.1. The *Incident, Injury, Trauma and Illness Policy* will be reviewed on a regular basis in conjunction with children, families, staff, educators and management.

RESOURCES

[beyou Natural Disaster Resource](#)
[Emerging Minds Community Trauma Toolkit](#)
[Common cold fact sheet](#)

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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 Keeping your child and other kids healthy! (Queensland Government)
Time Out Brochure Why do I need to keep my child at home?
 The Sydney Children's Hospitals network (2020). Fever
<https://www.health.nsw.gov.au/Infectious/gastroenteritis/Documents/ccg-gastro-pack.pdf>
<https://www.health.nsw.gov.au/Infectious/factsheets/Pages/viral-gastroenteritis.aspx>

SOURCES

Australian Children's Education & Care Quality Authority. (2025). [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) [Responding to natural disasters and other traumatic events](#)
 Early Childhood Australia Code of Ethics. (2016).
 Education and Care Services National Law Act 2010. (Amended 2023).
[Education and Care Services National Regulations.](#) (Amended 2023).
 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](#)
<https://www.health.nsw.gov.au/Infectious/gastroenteritis/Documents/ccg-gastro-pack.pdf>
<https://www.health.nsw.gov.au/Infectious/factsheets/Pages/viral-gastroenteritis.aspx>

| CHANGE HISTORY | Version | Amendment Details | Date Amended |
|----------------|---------|---|--------------|
| | New | Reformatted DEBASCA policies | Nov 2013 |
| | 1 | Reviewed | May 2014 |
| | 2 | Reformatted Policy number: D-13 to P-2.13 | Aug 2017 |
| | 3 | Updated to latest revised National Quality Standard | Apr 2018 |

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| | 4 | Added 17 – Illness | Nov 2019 | | |
| | 5 | Re-wording Policy Statement Re-wording of Background Re-format of Legislative Requirements and adding Section 165, 167, 174 Adding Regulations 93, 95, 103, 161, 162, 170, 171, 172, 177, 183 Added 2.2.1, 2.2.2, 2.2.3 to Associated Documents Remove DR1 and DR2 from Associated Documents Added Related Service Policies Added Definitions- ACECQA, Approved Anaphylaxis management training, approved first aid qualification, Emergency, Emergency services, First aid, Hazard, Injury, Medication, Medical attention, Medical Management Plan (MMP), Minor incident, Notifiable incident, Serious incident, Trauma Rewording in Training Requirements Remove from Association Documents – SI01 form Notification of Serious Incident form and DR1-DR6 Added Staying Healthy in Childcare 5 th Edition https://www.nhmrc.gov.au/sites/default/files/documents/attachments/ch55-staying-healthy.pdf to Associated Documents | Feb 2023 | | |
| | 6 | Added 1. Implementation Added 2.2-2.15 Minor re-wording 2.16 Minor re-wording 2.18 Added 2.18.5 Added 2.21 Re-worded 3.1 Added 3.3-3.9 Added 4.1-4.13 Minor re-wording 5.8 Minor re-wording 7.3, 7.4, 7.8 Minor re-wording 8 Added Exclusion title 9.2 re-worded Added 9.3-9.6 Added 10.1, 10.2.1, 10.2.3 (minor re-wording), 10.2.4-10.2.17 Re-worded 11.1 Minor re-wording 11.2.1, 11.2.2 Added 12-19 | October 2023 | | |
| | 7 | Adopted NEW DEBASCA policy format Policy Statement re-worded Added National Quality Standard Added Education and Care Services National Law and Regulations Added Related Policies – Supervision Policy Removed Associated Documents as it has been separated above categories Reword of Serious Incident definition, added 24 hours notification period Added Purpose Implementation re-worded Added new clauses 2-4 Removed old policy clauses as embedded within new clauses, or obsolete Added Continuous Improvement/Evaluation edits to head injury management | March 2025 | | |
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| | | added information on reviewing/reflecting/identifying areas for improvement following an incident, injury, trauma or illness sources updated as required | |
| | 8 | <ul style="list-style-type: none"> Policy updated to adhere to changes in National Regulations-child safety Added Definitions: Physical abuse/sexual abuse Notification requirements to regulatory authority added Additional child safe practices added- Safe Use of Digital Technologies and Online Environments (National Model Code) Sources updated - https://www.health.nsw.gov.au/Infectious/gastroenteritis/Documents/ccg-gastro-pack.pdf https://www.health.nsw.gov.au/Infectious/factsheets/Pages/viral-gastroenteritis.aspx Resources updated - https://www.health.nsw.gov.au/Infectious/gastroenteritis/Documents/ccg-gastro-pack.pdf https://www.health.nsw.gov.au/Infectious/factsheets/Pages/viral-gastroenteritis.aspx Added Reg 84 and 175 Added clause 1.4 Exclusion period for gastroenteritis updated to 48hours in line with NSW Health guidelines Added 20.2 20.6 updated | Sept 2025 |

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