Management of Incident, Injury, Illness and Trauma:

POLICY STATEMENT:

Grays Point Activity Centre (GPAC) aims to ensure the safety and wellbeing of Educators, children and visitors, within the Service and on excursions, through proper care and attention in the event of an incident, injury, illness or trauma.

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.

The Service will endeavour to prevent the event occurring through best practice, implementation of all Service policies and procedures, adhering to State and National Laws and Risk Assessment.

Should any of these occur despite prevention methods, the Service will make every attempt to ensure sound management of the event to prevent any worsening of the situation and complete reports on each event that will be signed by the family of the child involved.

Family members or emergency contacts will be informed immediately where the incident, injury, illness or trauma is deemed serious and be reported to the NSW Regulatory Authority as per the National Law and Regulations.

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. GPAC 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 Service is committed to effectively manage our physical environment to allow children to experience challenging situations whilst preventing serious injuries.

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.

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 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.

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 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 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.

PROCEDURES:

Enrolment Information

- Families are required to provide written consent for Educators to seek medical attention for their child, if required, as part of the enrolment process. This will be recorded in the enrolment form. Additional consent will be requested upon re-enrolment.
- Families will be required to supply details of their preferred Doctor and Medicare details.
- Families are also required to ensure the Service has accurate and detailed information regarding medical condition of child or anything that may impact on their health, safety and wellbeing while enrolled or attending the Service.
- Educators and families will be required to supply two contact numbers in case of an emergency or accident.
- GPAC can decline your enrolment if no emergency contact information is provided or recorded.
- Families are advised upon enrolment and in regular reminders not to bring sick children to the Service and to arrange prompt collection of children who are unwell. The care needs of a sick child are difficult to meet without dramatically reducing the general level of supervision of the other children, or risking the other children's health.
- Where a child takes ill at the Service, all care and consideration will be given to comfort the child and minimise the risk of cross infection until the child is collected by the family/emergency contact.

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.

Recommendations from the Australian Health Protection Principal Committee and Department of Health will be adhered to minimise risk where reasonably practicable, in addition to "staying healthy" in Childcare.

During a pandemic, such as COVID-19, risk mitigation measures may be implemented within the Service to manage the spread of the virus. These measures may include but are not limited to the following:

- Exclusion of unwell staff, children and visitors (symptoms may vary based on the disease or virus, include but not limited to fever, coughing, sore throat, fatigue or shortness of breath)
- GPAC will follow health guidelines to determine correct symptoms based on pandemic disease
- Taking children's temperature prior to entry and during attendance into the Service and excluding anyone who has a temperature above 37.5°C
- Notifying vulnerable people within the workplace of the risks of the virus/illness including:
    - people with underlying medical needs
    - children with diagnosed Asthma or compromised immune systems
    - Aboriginal and Torres Strait Islander people over the age of 50 with chronic medical conditions
- Adhering to Public Health Orders for mandated vaccination requirements for all Educators, staff and visitors
- Requesting any person visiting our Service to sign a Health Declaration, Wellness Check confirming they have not been in close contact with anyone with a positive COVID-19 diagnosis or travelled overseas within the past 14 days or guidelines from the Government or NSW Health
- Restrict the number of visitors entering the Service or on premises
- Request parents to drop off and collect children from designated points outside the Service to minimise the risk of a disease spreading
- Enhanced personal hygiene for children, staff and parents (including frequent handwashing)
- Full adherence to cleaning guidelines and cleaning and disinfecting high touch surfaces
- Cancelling excursions to local parks, public playgrounds and incursions during a hotspot within the pandemic
- Recommending influenza vaccination for children, staff and parents
- Closure of Service to facilitate the spread of disease in the Community

Children who appear unwell at the 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
- Sleeps at unusual times, is lethargic
- Is crying constantly from discomfort
- Sneezing
- Runny nose or congestion
- Earache
- Nausea

We reserve the right to refuse a child into care if they:

- Are unwell and unable to participate in normal activities or require additional attention
- Have had a temperature/fever, or vomiting in the last 24 hours
- Have had diarrhoea in the last 48 hours
- Have been given medication for a temperature prior to arriving at the Service
- Have started a course of anti-biotics in the last 24 hours
- Have a contagious or infectious disease
- Have been in close contact with someone who has a positive confirmed case of COVID-19
- Have a temperature above 37.5°C when assessed prior to entry to the Service (effective during a pandemic or outbreak of an infectious disease)

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.

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 reaching 38°C or higher will not be permitted to attend the Service until 24 hours after the temperature/fever has subsided.

When a child develops a high temperature or fever whilst at GPAC

- 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 temperature of 38°C or higher
- 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 Service and will not 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 plenty of water (small sips of water regularly), unless there are reasons why the child is only allowed limited fluids

- 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 is recorded in the child's individual enrolment form, staff may administer paracetamol in an attempt to bring the temperature down. However, a parent or emergency contact person, must still collect the child from the 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.

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 may be requested to either stay at home or be assessed/tested for diseases including COVID-19. If a child, employee or visitor is tested for COVID-19, and positive they are to follow the current isolation requirements.
(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.

Nasal discharge may start clear but can become thicker and turn yellow or green over a day or so. Up to a quarter of young children with a cold may have an ear infection as well, but this happens less often as the child grows older. Watch for any new or more severe symptoms—these may indicate other, more serious infections. 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.

Management have the right to send children home if they appear unwell due to a cold or general illness. Influenza is a highly contagious illness and can spread to others for 24 hours before symptoms start. 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. Management will assess each individual case prior to sending the child home.

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 GPAC 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 on 1300 066 055 (NSW).

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).

Children that have had diarrhoea and/or vomiting will be asked to stay away from the Service for 48 hours 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.

Infectious causes of gastroenteritis include:

- Viruses such as rotavirus, adenoviruses and norovirus
- Bacteria such as Campylobacter, Salmonella and Shigella
- Bacterial toxins such as staphylococcal toxins
- Parasites such as Giardia and Cryptosporidium

Non-infectious causes of gastroenteritis include:

- Medication such as antibiotics
- Chemical exposure such as zinc poisoning
- Introducing solid foods to a young child
- Anxiety or emotional stress

The exact cause of infectious diarrhoea can only be diagnosed by laboratory tests of faecal specimens. In mild, uncomplicated cases of diarrhoea, Doctors do not routinely conduct faecal testing. Children with diarrhoea who also vomit or refuse extra fluids should see a Doctor. In severe cases, hospitalisation may be needed. The parent and Doctor will need to know the details of the child's illness while the child was at the education and care Service.

Children, Educators and staff with diarrhoea and/or vomiting will be excluded until the diarrhoea and/or vomiting has stopped for at least 48 hours.

Please note: If there is a gastroenteritis outbreak at the Service, children displaying the symptoms will be excluded from the Service until the diarrhoea and/or vomiting has stopped and the family are able to get a medical clearance from their Doctor.

Sick bay at Grays Point Public School (GPPS)

If a child has attended sick bay at GPPS that day, GPAC's expectations are that the child remains on School premise until a guardian can collect them from GPPS care.
If the child has sprained their finger or had a band aid applied, simple First Aid was applied by the School and the child was sent back to class with no further First Aid required GPAC may take the child into care provided the School does a complete hand over advised time of injury, when/which parents were contacted and First Aid required and applied.

If the child has a head injury or evident broken bones or open wounds, contagious disease or gastro, GPAC does not need to take the child into care for the session and the decision can be made by the Responsible Person on duty or the Committee. It cannot be assumed if the child is booked into GPAC that GPAC needs to accept the child. It is the School's responsibility to care for and provide First Aid to the child as they were in their care when the incident occurred.

Preventing the spread of illness

To reduce the transmission of infectious illness, our Service implements effective hygiene and infection control routines and procedures.

If a child is unwell or displaying symptoms of a cold or flu virus, parents are requested to keep the child away from the 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.

Prevention strategies

Practising effective hygiene helps to minimise the risk of cross infection within our Service.
Signs and posters remind employees and visitors of the risks of infectious diseases, including COVID-19 and the measures necessary to stop the spread.

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 cushions and pillows used by a child who is unwell, will be cleaned with soap and water and then disinfected.

Cleaning contractors hygienically clean the Service to ensure risk of contamination is removed as per Environmental Cleaning and Disinfection Principles for COVID-19

Parents will be notified of any outbreak of an infectious illness (eg: Gastroenteritis) within the Service via our notice board, Facebook or email to assist in reducing the spread of the illness.

Any decision to close the Service and other directions will be provided by the PHU and regulatory body or management Committee. The Approved Provider will notify the Regulatory Authority within 24 hours of any closure due to illnesses including COVID-19 via the NQA IT System.

Contact management for COVID-19 continues to change with variants and testing and isolation in ECEC settings is no longer mandatory (although recommended).

Any person who tests positive to COVID-19 is required to notify the Service if they have been onsite 48 hours prior to symptom onset. The person who tests positive is required to self-isolate for at least 7 days.

Exclusion periods for illness and infectious diseases are provided to parents and families and included in our Family Handbook.

Serious injury, incident or trauma

In the event of any child, Educator, staff, volunteer or contractor having an accident at the Service, an Educator who holds an approved First Aid qualification will attend to the person immediately and advise the Responsible Person straight away. Adequate supervision will be provided to all children.

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

Procedures as per our Administration of First Aid Policy will be adhered to by all staff.

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 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 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.

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 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 a 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.

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)

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 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 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.

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 Service or nominated collection point, at the expected time Educators will follow procedures outlined in the *Arrival and Departure Policy*.

Educators will regularly cross-check the attendance record to ensure all children signed into the Service are accounted for. Should an incident occur where a child is missing from the Service Educators and the Nominated Supervisor will follow our Missing Child Flowchart.

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. 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 suggest collection of their child and next steps.

Emergency Services will be contacted immediately on 000 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

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 the person'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.

MANAGEMENT, NOMINATED SUPERVISORS, RESPONSIBLE PERSON, AND EDUCATORS WILL ENSURE:

- Service policies and procedures are adhered to 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
- Parents are advised to keep the child home until they are feeling well, and they have not had any symptoms for at least 24-48 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)
- First Aid qualified Educators are present at all times on the roster and in the Service
- First Aid kits are suitably equipped and checked on a monthly basis (see *First Aid Kit Checklist*)
- First Aid kits are easily accessible when children are present at the Service and during excursions
- First Aid, emergency anaphylaxis management training, and Asthma
- Management training is current and updated as required
- Adults or children who are ill are excluded for the appropriate period
- 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
- If the incident, situation or event presents imminent or severe risk to the health, safety and wellbeing of any person present at the 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
- Parents are notified of any infectious diseases circulating the Service within 24 hours of detection
- Children are excluded from the Service if staff feel the child is too unwell to attend or is a risk to other children
- 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 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*

FAMILIES WILL:

- Provide up to date medical and contact information in case of an emergency
- Provide the Service with all relevant medical information, including Medicare
- Provide a copy of their child's Medical Management Plans or Doctors report/letters and update 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 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
- 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
- Support additional implementation of temporary requests/guidelines based on infectious diseases or illnesses within the community etc.

Incident, injury or trauma to a child whilst in the Service

- If a child, Educator or visitor has an accident while at the Centre, an Educator who holds a First Aid certificate will attend them to immediately.
- Anyone injured will be kept under adult supervision until they recover and an authorised person takes charge of them.
- In the case of a major incident, injury, illness or trauma at the Service requiring **more than basic First Aid**, the First Aid attendant will:

    1) Assess the injury, and decide whether the injured person needs to be attended to by a Doctor or an Ambulance called. The Educator in charge or Nominated Supervisor will be advised of their decision.
    1) Attend to the injured person and apply First Aid as required.
    2) Educators will ensure that disposable gloves are used with any contact with blood or bodily fluids as per our Infectious Disease Policy.
    3) Educators will stay with the child until suitable help arrives.
    4) The Educators will try to make the child comfortable and reassure them and advise them that their families have been called.
    5) If an Ambulance is required and the child is taken to Hospital, and the child's guardian has not arrived, an Educator may accompany the child and take the child's medical records with them.
    6) Complete an incident report and provide to families to read and sign and a serious incident report for the Regulatory Authority within 24 hours or as soon as possible.

Another Educator will:

1) If the injury is serious, the priority is to get immediate medical attention. Families or emergency contacts should be notified straight away where possible. If not possible, there should be no delay in organising proper medical treatment.
2) Notify family or emergency contact person as soon as possible regarding what happened and the action that is being taken including clear directions of where the child is being taken (e.g. Hospital). Every effort must be made not to cause panic and to provide sensitive detail regarding the extent of the injuries.
3) Ensure that all blood or bodily fluids are cleaned up safely.
4) Ensure that anyone who has come in contact with any blood of fluids washes their hands in warm soapy water.
5) Try to reassure the other children and keep them calm, keeping them informed about what is happening, and away from the child.

- Accidents which result in a serious incident, injury, illness and trauma to a child must be reported to:
    - The Family or emergency contact person
    - Regulatory Authority
- Other life-threatening, traumatic injuries or the death of a child will also need to be reported to the;

- ✓ The Ambulance Services
- ✓ The Police

- The Centre will notify the family or emergency contact person that a serious incident has happened and advise them to contact the relevant medical agency. Only a qualified medical practitioner can declare a person is deceased, therefore Educators should ensure the parents are only advised that the injury is serious and refer them to the medical agency (i.e. Hospital) where the child has been taken.
- This information should be provided in a calm and extremely sensitive manner.
- The site of the accident should not be cleared or any blood or fluids cleaned up until after approval from the Police.
- All other children should be removed away from the scene and if necessary parents contacted for early collection of children. The children should be reassured and notified only that a serious incident has occurred.

Death or Serious Injury to a child or Educator out of hours

- Educators in the Service must be prepared to handle all incidents in a professional and sensitive manner. In the event of tragic circumstances such as the death of a child or Educator, the Educators will follow guidelines as set out below to minimise trauma to the remaining Educators and children in the Service.
- In the event of the death occurring out of Service hours, a clear emergency procedure will be maintained for the other children at the Service.
- Confidentiality will be maintained at all times.
- If a child is the deceased, the Nominated Supervisor should make contact with the child's School to liaise with them regarding the School's response to the event.

ILLNESS

- If a child is unwell at home, the family is not permitted to bring the child to the Service. Children who appear unwell when being signed in by their parent/guardian will not be permitted to be left at the Service.
- If a child becomes ill whilst at the Service, the parents will be contacted to take the child home. Where the family is unavailable, emergency contacts will be called to ensure the child is removed from the Service promptly.
- The child who is ill will be comforted, cared for and placed in a quiet isolated area with adult supervision until the child's family or other authorised adult takes them home.
- 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. 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.
- During a fever, natural methods will be employed to bring the child's temperature down until the family arrives or help is sought. Such methods include removing clothing as required, clear fluids given, tepid sponges administered.
- If a child's temperature is very high, cannot be brought down and the child's guardian cannot be contacted, the child's enrolment record will be checked for permission to give paracetamol. If the situation becomes serious, the child will be taken to the Doctor or an Ambulance called.
- If a child's wellbeing is considerably affected from an allergic reaction to insect bites and stings, hay fever or a food allergy the child's enrolment record will be checked for permission to give Antihistamine. Staff will administer in accordance with the medicine instructions prescribed on the packet.
- If a staff member becomes ill or develops symptoms at the Centre, they can return home if able or the Responsible Person will organise for someone to take them home. The Responsible Person or Team Leader will organise a suitable staff replacement as soon as possible.

Management of HIV/AIDS/Hep B and C.

Under the Federal Disability Act and the Equal Opportunity Act, no discrimination will take place based on a child's/parent's/Educators HIV status.

Discrimination in regard to access to the Centre is unlawful. A child with HIV or Hepatitis B or C has the right to obtain a position in the Centre should a position become available and an Educator the right to equal opportunity of employment. The Service has no obligation to advise other families attending the Service of a child's or Educators HIV status.

A child with AIDS shall be treated as any other child, as HIV is not transmitted through casual contact. The child shall have the same level of physical contact with Educators as other children in the Centre.

Where Educators are informed of a child, parent or another Educator who has HIV/AIDS or Hep B or C, this information will remain confidential at all times. A breach of this confidentiality will be considered a breach of discipline.

Educators will ensure that no discussion is made other than insuring proper care of all children is maintained.

Proper safe and hygienic practices will be followed at all times and implementation of procedures to prevent cross infection as identified in this Policy (***See also Dealing with Infectious Diseases Policy for details)*** will be implemented.

CONSIDERATIONS:

Other Service Policies/documentation	Other
• Acceptance and Refusal of Authorisations Policy • Enrolment and Orientation Policy • Dealing with Medical Conditions and Medication Administration of Policy • Providing a Child Safe Environment Policy • Administration of First Aid Policy • Dealing with Infectious Diseases Policy • Risk Assessment Policy • Governance and Management Policy • Child Protection Policy • Medication Administration • Anaphylaxis Management Policy • Asthma Management Policy • Diabetes Management Policy • Communication with Family • Handwashing • Workplace Health and Safety • Confidentiality • Safe Transportation Policy • Safe Use of Digital Technologies and Online Environments Policy • Supervision of Children	- Work, Health and Safety Act - ACECQA "Frequently Asked Questions" - NSW Department of Health guidelines - Disability Discrimination Act - NSW Anti-discrimination Act - Staying Healthy in Child Care - GPPS handover of illness care card - Covid Policies and Risk Assessments - Family Handbook - Staff Handbook - Enrolment records - Emergency procedures - Incident Report forms - Medication Records - Risk Assessments - NSW Health - Department of Education

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.
3.1.2 7.1.2		

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
12	Meaning of serious incident
77, 81, 84	
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
93	Administration of medication
95	Procedure for administration of medication
97	Emergency and evacuation procedures
98,99,109	
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record
Sec 165	Offence to inadequately supervise children
S 167	Offence relating to protection of children from harm and hazards
168	Education and care service must have policies and procedures
174(2)(a)	Prescribed information to be notified to Regulatory Authority
176(2)(a)	Time to notify certain information to Regulatory Authority
175	
177	Prescribed enrolment and other documents to be kept by approved provider
183	Storage of records and other documents

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 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

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

ENDORSEMENT BY THE SERVICE:

Approval date: _____November 2025_____

Date for review: _____April 2027_____

MANDATORY

Revised February 2019 KK and KG Revised June 2020 KG and JW Committee Jan 2021 Finalised March 2021 Revised July 2021 due to Covid no amendment required Revised April 2022 added GPPS Sick bay section KG JH Revised 22.3.24 KG Revised 22.10.25 KG