



Management of Accident, Incident, Injury and Trauma Policy

POLICY STATEMENT

The health and safety of all staff, children, families and visitors to our Out of School Hours Care 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 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 service is committed to effectively manage our physical environment to allow children to experience challenging situations whilst preventing serious injuries.

Our service has a duty of care to respond to and manage illnesses, accidents, incidents, and trauma that may occur at the Service to ensure the safety and wellbeing of children, educators and visitors. This policy will guide educators and staff to manage illness and prevent injury and the spread of infectious diseases and provide guidance of the required action to be taken in the event of an incident, injury, trauma or illness occurring when a child is educated and cared for.

PROCEDURE

Under the *Education and Care Services National Regulations*, an approved provider must ensure that policies and procedures are in place for incident, injury, trauma and illness and take reasonable steps to ensure policies and procedures are followed. (ACECQA, 2021). In the event of an incident, injury, trauma or illness, all staff will implement the guidelines set out in this policy to adhere to National Law and Regulations and inform the regulatory authority as required.



Coowarra Out Of School Hours Care Service Inc

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 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.

INJURY, INCIDENT OR TRAUMA

In the event of any child, educator, staff, volunteer or visitor having an accident at the service, an educator who has a First Aid Certificate will attend to the person immediately. Adequate supervision will be provided to all children attending the service.

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

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

DEFINITION OF SERIOUS INCIDENT

Regulations require the approved provider or nominated supervisor to notify regulatory 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 a service.
- (b) Any incident involving serious injury or trauma to, or illness of, a child while being educated and cared for by an 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 a service
 - (i) appears to be missing or cannot be accounted for or
 - (ii) appears to have been taken or removed from the service premises in a manner that contravenes these regulations or



Coowarra Out Of School Hours Care Service Inc

(iii) is mistakenly locked in or locked out of the 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.

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. Due to Confidentiality and Privacy laws, only the name of the child injured will be recorded on the Incident, Injury, Trauma or Illness Record. Any other child/ren involved in the incident will not have their names recorded. If other children are injured or hurt, separate records will be completed for each child involved in the incident. Parents/Authorised Nominee must acknowledge the details contained in the record, sign and date the record on arrival to collect their child. All Incident, Injury, Trauma and Illness Records must be kept until the child is 25 years of age. (See: *Record Keeping and Retention Policy*).

MISSING OR UNACCOUNTED FOR CHILD

At all times, reasonable precautions and adequate supervision is provided to ensure children are protected from harm or hazards. However, if a child appears to be missing or unaccounted for, removed from the 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.



Coowarra Out Of School Hours Care Service Inc

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.

Educators must ensure that

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

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

- attempt to locate the child immediately by conducting a thorough search of the premises (checking any areas that a child could be locked into by accident)
- cross check the attendance record to ensure the child hasn't been collected by an authorised person and signed out by another person
- if the child is not located within a 10-minute period, emergency services will be contacted on 000 and the approved provider will notify the parent/s or guardian
- continue to search for the missing child until emergency services arrive whilst providing supervision for other children in care
- provide information to Police such as: child's name, age, appearance, (provide a photograph), details of where the child was last sighted.

The approved provider is responsible for notifying the Regulatory Authority of a serious incident within 24 hours of the incident occurring.

HEAD INJURIES

It is common for children to bump their heads during everyday play, however it is difficult to determine whether the injury is serious or not. In the event of any head injury, the First Aid officer will assess the child, administer any urgent First Aid and notify parents/guardians of the incident. Head injuries are generally classified as mild, moderate or severe. Mild head injuries may result in a small lump or bruise, however, may still result in a possible concussion. Parents/guardians will be advised to seek medical advice if their child develops any new symptoms of head trauma.

Emergency services will be contacted immediately if the child:

- has sustained a head injury involving high speeds or fallen from a height greater than one metre (play equipment)



Coowarra Out Of School Hours Care Service Inc

- 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.

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
- helping children understand their feelings by using reflecting statements (e.g., 'you look sad/angry right now, I wonder if you need some help?')

ILLNESS MANAGEMENT

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 services- 6th Edition*.

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

- 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 with soap and water after touching their mouth, eyes or nose.



Coowarra Out Of School Hours Care Service Inc

- hand hygiene- handwashing techniques are practised by all educators and children routinely using soap and water before and after eating, when using the toilet and drying hands thoroughly with paper towel.
- wearing PPE- gloves and masks to provide a protective barrier against germs
- environmental strategies- cleaning with specific products after any spills of body fluids (urine, faeces, vomit, blood).
- exclusion – children, educators and other staff who show symptoms of infectious disease are excluded from the Service.

CHILDREN ARRIVING AT THE OSHC SERVICE WHO ARE UNWELL

Management will not accept a child into care if they:

- have a diagnosed contagious illness or infectious disease [specific exclusion periods may apply]
- have a temperature above 38.0°C
- have been given medication for a temperature prior to arriving at the service (for example: Panadol)
- have had *any* diarrhoea and/or vomiting in the last 24 hours
- have started a course of antibiotics in the last 24 hours.

IDENTIFYING SIGNS AND SYMPTOMS OF ILLNESS

Educators and management are not doctors and are unable to diagnose an illness or infectious disease however, as our educators are familiar with the children in their care, they will watch for symptoms of sickness. If a child becomes ill whilst at the Service, educators will respond to their individual symptoms of illness and provide comfort and care.

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

Educators will:

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

(Staying healthy, 6th Edition, 2024)



Coowarra Out Of School Hours Care Service Inc

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.

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

SYMPTOMS INDICATING ILLNESS MAY INCLUDE:

- lethargy and decreased activity
 - difficulty breathing
 - fever (temperature more than 38°C)
 - headaches
 - poor feeding
 - poor urine output/ dark urine
 - a stiff neck, irritability or sensitivity to light
 - new red or purple rash
 - pain
 - diarrhoea
 - vomiting
 - discharge from the eye or ear
 - skin that displays rashes, blisters, spots, crusty or weeping sores
 - loss of appetite
 - difficulty in swallowing or complaining of a sore throat
 - persistent, prolonged or severe coughing
- (This is not an exhaustive list of indicators of illness)

HIGH TEMPERATURES OR FEVERS

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

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

- Educators will check a child's temperature if they think the child has a fever. If it is between 37.5°C and 37.9°C educators will retest within 30 minutes (records will be kept of time, date and temperature)
- Educators will notify parents when a child registers a temperature of 38°C or higher



Coowarra Out Of School Hours Care Service Inc

- Educators will follow the *Illness Management Procedure* for methods to reduce a child's temperature or fever
- The child will need to be collected from the Service as soon as possible (within 30 minutes)
- Educators will monitor the child carefully to ensure their condition does not get worse and call an ambulance immediately if required
- Educators will complete an *Incident, Injury, Trauma and Illness* record and note down any other symptoms that may have developed along with the temperature (for example, a rash, vomiting, etc.).
- If the child has gone home from the service with a fever but their temperature is normal the next morning they can return to the Service. (Staying healthy, 6th Edition, 2024)

RESPIRATORY SYMPTOMS

Respiratory symptoms include cough, sneezing, runny or blocked nose and sore throat. It is not unusual for children to have five or more colds a year, and children in education and care services may have as many as 8–12 colds a year. A runny or blocked nose is a common symptom for many respiratory conditions or diseases which may be infectious such as a cold, influenza or COVID. Some causes, however, are not infectious such as allergies (hay fever).

As each child may have different symptoms of a respiratory illness, our service will consider exclusion based on the severity of the symptoms and the child's behaviour. Children can become distressed and lethargic when unwell and should be at home with a parent or carer under close supervision.

A child will be excluded from the Service if:

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

DIARRHOEA AND VOMITING (GASTROENTERITIS)

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

If a child has diarrhoea and/or vomiting whilst at the OSHC Service, Management will notify parents or an emergency contact to collect the child immediately. In the event of an outbreak of viral gastroenteritis, management will contact the local Public Health Unit. An outbreak is when two or more children or staff have a



Coowarra Out Of School Hours Care Service Inc

sudden onset of diarrhoea or vomiting in a 2-day period. Management must document the number of cases, dates of onset, duration of symptoms.

Staff and children that have had diarrhoea and/or vomiting will be excluded from the service until there has not been any diarrhoea or vomiting for at least 24 hours. If the diarrhoea or vomiting are confirmed to be norovirus, they will be excluded until there has not been any diarrhoea or vomiting for at least 48 hours. Staff who handle food will be excluded from the service for up to 48 hours after they have stopped vomiting or having diarrhoea. [Staying healthy, 2024.]

NOTIFYING FAMILIES AND EMERGENCY CONTACT- SICKNESS OR INFECTIOUS ILLNESS

- It is a requirement of the service that all emergency contacts are able to pick up an ill child within a 30-minute timeframe
- In the event that the ill child is not collected in a timely manner, or should parents refuse to collect the child, a warning letter will be sent to the families outlining Service policies and requirements. The letter of warning will specify that if there is a future breach of this nature, the child's position may be terminated.
- Parents or guardians are notified as soon as practicable and no later than 24 hours of any 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 FB page, online app or email to assist in reducing the spread of the illness
- When a child has been diagnosed with an illness or infectious disease, the Service will refer to information about recommended exclusion periods from the Public Health Unit (PHU) and *Staying healthy: Preventing infectious diseases in early childhood education and care services*. (6th Edition), 2024
- Exclusion periods for illness and infectious diseases are provided to families and included in our Family Handbook and *Dealing with Infectious Disease Policy*

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

- that obligations under the *Education and Care Services National Law and National Regulations* are met
- educators, staff, students, visitors and volunteers have knowledge of and adhere to this policy and associated procedure
- each child's enrolment records include authorisations by a parent or person named in the record for the approved provider, nominated supervisor or educator to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and if required, transportation by an ambulance service
- parents or guardians are notified as soon as practicable and no later than 24 hours of the illness, accident, or trauma occurring



Coowarra Out Of School Hours Care Service Inc

- an *Incident, Injury, Trauma and Illness Record* is completed accurately and in a timely manner as soon after the event as possible (within 24 hours)
- if the incident, situation or event presents imminent or severe risk to the health, safety and wellbeing of any person present at the service, or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours of the incident
- families are advised to keep their child home until they are feeling well, and they have not had any symptoms for at least 24-48 hours (depending upon the illness and exclusion periods)
- children or staff members who are diagnosed with an illness or infectious disease may be excluded as per recommended exclusion periods
- families are notified of any infectious disease circulating the Service within 24 hours of detection
- a child who has not been immunised will be excluded from the Service if a vaccine preventable disease is reported within the Service community and that child is deemed to be in danger of contracting the illness. Please refer to our *Dealing with Infectious Diseases Policy*
- families of a child with complex and chronic medical conditions will be notified in the event of an outbreak of an illness or infectious disease that could compromise their health
- families are notified to collect their child if they have vomited or had diarrhoea whilst at the service
- first aid kits are suitably equipped and checked on a term basis
- first aid kits are easily accessible when children are present at the service and during excursions
- that the following qualified people are in attendance at all times the Service is providing education and care to children [Reg. 136]
 - at least one educator, staff member or nominated supervisor who holds a current ACECQA approved first aid qualification- including emergency life support and CPR resuscitation
 - at least one educator, staff member or nominated supervisor of the Service who has undertaken current approved anaphylaxis management training
 - at least one educator, staff member or nominated supervisor of the Service who has undertaken current approved emergency asthma management training
- educators or staff who have diarrhoea or an infectious disease do not prepare food for others for at least 48 hours after the symptoms have resolved
- cold food is kept cold (below 5 °C) and hot food, hot (above 60°C) to discourage the growth of bacteria
- staff and children always practice appropriate hand hygiene and cough and sneezing etiquette
- appropriate cleaning practices are followed
- toys and equipment are cleaned and disinfected on a regular basis which is recorded in the toy cleaning register or cleaned immediately if a child who is unwell has used toys or resources



Coowarra Out Of School Hours Care Service Inc

- 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:

- adhere to the Service's policies regarding *Incident, Injury, Trauma and Illness*
- provide authorisation in the child's enrolment record for the approved provider, nominated supervisor or educator to seek medical treatment from a medical practitioner, hospital or ambulance service and if required, transportation by ambulance service
- provide up to date medical and contact information in case of an emergency
- provide emergency contact details and ensure details are kept up to date
- ensure that their child is able to be collected from the Service within a 30-minute timeframe if required due to illness by either a parent or emergency contact
- provide the service with all relevant medical information, including Medicare
- provide a copy of their child's medical management plans and update these annually or whenever medication/medical needs change
- adhere to recommended periods of exclusion if their child has a virus or infectious illness
- seek medical advice for their child's illness/fever as required
- complete documentation as requested by the educator and/or approved provider- *Incident, Injury, Trauma and Illness record* and acknowledge that they were made aware of the incident, injury, trauma or illness
- inform the OSHC Service if their child has an infectious disease or illness
- provide evidence as required from doctors or specialists that the child is fit to return to care if required- including post-surgery
- provide written consent for educators to administer first aid and call an ambulance if required (as per enrolment record)
- complete and acknowledge details in the *Administration of Medication Record* if required.

BREACH OF POLICY

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

CONSIDERATIONS

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.



Coowarra Out Of School Hours Care Service Inc

2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS	
S. 165	Offence to inadequately supervise children
S. 174	Offence to fail to notify the regulatory authority
12	Meaning of serious incident
77	Health, hygiene and safe food practices
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
104	Fencing
161	Authorisations to be kept in enrolment record



Coowarra Out Of School Hours Care Service Inc

162	Health information to be kept in enrolment record
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
175	Prescribed information to be notified to regulatory authority
176	Time to notify certain circumstances to regulatory authority
177	Prescribed enrolment and other documents to be kept by approved provider
183	Storage of records and other documents

RELATED POLICIES

Administration of First Aid Policy Administration of Medication Policy Child Safe Environment Policy Dealing with Infectious Disease Policy Delivery of children to, and collection from Premises Policy Enrolment Policy	Health and Safety Policy Immunisation Policy Medical Conditions Policy Confidentiality Policy Record Keeping Policy Safe Transportation Policy Work Health and Safety Policy
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UPDATED AND ENDORSED: September 2025

DATE FOR REVIEW AND EVALUATION: June 2028