



POLICY STATEMENT

We ensure that children at our service are safe and supported when taking part in educational activities as part of our service program. We believe that children should have the freedom and confidence in their own abilities, therefore this policy enables us to identify clear lines of action to effectively manage an event in which a child has become injured, ill, or involved in an incident. Our commitment will aid us in minimising and managing incidents, injuries, trauma, and illnesses that affect the children being cared for within our service.

BACKGROUND

This policy has been created in line with the Education and Care Services Regulations to ensure that our policies and procedures reflect our code of ethics and philosophy in the event that a child is injured, becomes ill or an incident occurs while attending our service. We have the responsibility to ensure that all children are kept safe, supported and protected whilst attending our service. We use close attention to detail and respond diligently to incidents, injuries, trauma, and illnesses to ensure that every action is taken and the children within our service are kept safe and secure.

LEGISLATIVE REQUIREMENTS

Regulation	Description	Implementation
85	Incident, injury, trauma and illness policies and procedures	There are appropriate policies and procedures in place for incident, injury, trauma and illness.
86	Notification to parents of incident, injury, trauma and illness	Educators and Director notify families of children who have been involved with an incident, injury, trauma or illness.
87	Incident, injury, trauma and illness record	All educators record any incidents, injuries, trauma and illnesses that occur at the service in the 'Accident and Injury' folder. These records are counter signed by the family of the child when notifying them.
89	First aid kits	First aid kits are suitably equipped relative to the number of children at the service and are easily recognisable and accessible to educators.
103	Premises, furniture, and equipment to be safe, clean and in good repair	The premises, furniture and equipment are checked by educators to ensure that it is safe, clean and in good repair. If something is found to be in disrepair, the equipment or furniture is fixed or removed from the premises.
161	Authorisations to be kept in enrolment record	Authorisations obtained by the service are kept in the individual child's enrolment record.
165	Offence to inadequately supervise children	Appropriate and safe educator-to-child ratios are adhered to within the service to adequately supervise the children.
167	Offence relating to protection of children from harm and hazards	Educators protect children from any foreseeable harm and hazards at the service.
168	Education and care service must have policies and procedures	The service has policies and procedures that reflect the needs of the service. These are reviewed as necessary.
170	Policies and procedures to be followed	Policies and procedures created by the service are followed by our educators at all times.
171	Policies and procedures to be kept available	Policies and procedures are kept available to all educators and families, and are located in the OSHC office cupboard.
172	Notification of change to policies and procedures	Appropriate authorities and governing bodies are notified of any change to policies and procedures.

174	Offence to fail to notify certain information to Regulatory Authority	The Regulatory Authority is notified with certain information in line with the regulation.
177	Prescribed enrolment and other documents to be kept by approved provider	Prescribed enrolment and other documents are kept by the service and archived accordingly.
181	Confidentiality of records	Educators keep records and information private and confidential.
183	Storage of records and other documents	The service stores and archives records and documents as necessary.

POLICY

Our service is committed to supporting the health, safety, and wellbeing of all children in our care. We aim to provide a safe and secure environment for children to play, learn and grow. All qualified educators at our service are trained in first aid to address any incidents, injuries, trauma, or illnesses that may arise in a child's time at the service. Any first aid given to a child is recorded in the 'Accident and Injury' folder, families are informed of the incident, and they are asked to co-sign the record to ensure that they have been made aware of the incident. Families are required to provide written authority, this is included in the enrolment form, for educators at the service to seek medical attention for their child if it is deemed necessary. Relevant templates and tables are used to monitor the safety of the children, this includes incident reports, cleaning, safety checks and risk assessments. New educators are made aware of our policy to record any injury or illness that requires first aid in the folder and to undertake safety and cleanliness checks, at their induction to the service. Policies and procedures related to the treatment of incidents, injuries, trauma, and illness are located in the office cupboard.

RESPONSIBILITIES OF EDUCATORS

- All qualified educators are trained in first aid in an education and care setting in line with regulation 136.
- Undertake up-to-date trainings of first aid and safety to ensure that all qualified educators can effectively respond to incidents, injuries, trauma, and illnesses at the service
- Care is taken by educators to assess the seriousness of an incident, and contact emergency services if deemed necessary
- Report any hazards they find on a daily check, and if possible, eliminate the hazard
- Will keep families informed of any injury, illness or incident through record keeping in the 'Accident and Injury' folder, as well as contact through phone calls if there is a serious incident or illness
- Keep information private and confidential in line with regulation 181, Confidentiality of Records
- Review and assess the cause of any incident, injury, trauma, or illness when necessary and take appropriate steps to rectify the situation
- Provide high levels of supervision and maintain educator-to-child ratios
- Monitor numbers of children through supervising areas and moving educators as necessary
- Take part in regular professional development on the management of incidents and injuries

FIRST AID KITS

- Are kept in each area that the children use, portable first aid kits are brought with staff into the area that they are supervising
- A main first aid kit with additional supplies is kept out of reach of children, but easily accessible to staff within the service
- It is the responsibility of a delegated educator to regularly check first aid kits and re-stock them as necessary
- A main first aid kit with extra supplies is taken on excursions, as well as our portable orange first aid bags with basic supplies that is carried by educators
- An emergency asthma kit and an epi-pen is carried by an educator during excursions or outings
- All injuries or illnesses that require first aid are recorded by educators in the 'Accident and Injury' folder, these must be signed off by a family member on pick-up of the child
- Cold packs are kept in the freezer for use in first aid incidents

- First aid is only administered by qualified educators when needed, this is in the event of a minor accident of to stabilise an injured person until expert assistance arrives

MANAGEMENT OF UNWELL CHILDREN

- When a child becomes unwell while at the service, the family are notified and asked to collect the child. The child is made comfortable and separated from the other children until a family member arrives, or until the child is feeling better.
- The child can be made comfortable and isolated from the other children in the OSHC office with an educator
- If a child has a fever, a temperature greater than 37 degrees Celsius, the child will be cared for, made comfortable and the family will be called.
- Children with infectious diseases will be excluded from the service in accordance with current Departmental Administrative Instructions and Guidelines and National Health and Medical Research Council Guidelines
- A medical clearance is required for a child to be readmitted to the service after contracting a serious infectious disease
- In the case of a serious ill health or hospitalisation, a child will require a medical clearance from their medical practitioner or specialist, verifying that they are sufficiently recovered to return to the service

For related policies and procedures, see: The Administration of First Aid
Dealing with Medical Conditions in Children
Dealing with Infectious Diseases

KEY TERMS

Key Term	Meaning
ACECQA	The independent body that works with all regulatory authorities to administer the National Quality Framework.
Approved first aid qualifications	A first aid qualification that includes training in areas that related to children and has been approved by ACECQA.
First Aid	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.
Emergency Services	Includes ambulance, fire department, police and state emergency services.
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.
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.
Illness	A disease or period of sickness affecting the body or mind.
Supervision	Knowing and accounting for, the activity and whereabouts of each child in care and the proximity of educators to children at all times to ensure the immediate intervention of educators to safeguard a child from risk of harm.
Accident & Injury Folder	A folder that contains forms that staff use to report the occurrence of an incident, injury, trauma, or illness. Details used in the report include the child's name and age, the date and time the incident occurred, what happened in the incident, and how educators responded to the incident. It is then read and signed by the family member of the children.

FIRST AID PROCEDURE

When a minor incident, injury, trauma, or illness occurs at the service, a qualified educator will:

- Administer basic first aid; this might include placing a band aid or offering an icepack to a child who has injured themselves
- Ensure that they are wearing their personal protective equipment before administering first aid
- If outside, educators can administer first aid using supplies in their portable first aid bag
- Record the incident, injury, trauma, or illness in the 'Accident and Injury' folder
- Inform the family on arrival to the service of the incident
- Notify the family if the incident requires a follow-up at home or with the child's doctor
- If required, call an ambulance, and continue to administer first aid

When a serious accident which requires more serious first aid treatment occurs at the service, the director or a qualified educator will:

- Attend to the injured child and administer first aid
- Assess the injury and decide whether an ambulance needs to be called
- In the event an ambulance is called, the ambulance service will render an account in the name of the parent of the child concerned.

If an ambulance is called:

- An educator will comfort and calm the child at all times
- An educator will accompany the child in the ambulance
- The child's medical record will be taken with the child
- The director will contact the child's family or their emergency contact to advise them of the incident and where their child has been taken
- A full report of the incident detailing the actions taken will be written by the director. Information about the incident will be recorded on an 'Accident and Illness' form, with a copy given to the family
- An Accident and Illness form (ED155), will also be completed by the director of the service, a copy will be kept for the service and a copy will be given to the principal of the school
- Consult the Department for Education – OSHC Notification Requirement template for further information

BLOOD NOSE PROCEDURE

- A qualified educator puts on their personal protective equipment, this includes gloves and a mask if possible, and uses a large zip lock bag from the first aid bag to dispose of bloodied tissues
- If an icepack is being used, ensure that it is wrapped in a paper towel and applied to the back of the child's neck
- Child must sit down holding a tissue on their nose, we can pinch the nostrils of the child if able to, hold their nostrils for about 10 minutes, or until bleeding has stopped
- Advise the child to lean their head forward to avoid any blood running down their throat
- Once the bleeding has stopped help to clean up the child, using wet wipes to carefully clean their face
- Ensure all tissues, wet wipes and paper towel is in the zip lock bag, fasten the bag and dispose of it in the bin
- Clean the icepack and allow it to air dry before placing it back into the freezer
- Write up the incident in the 'Accident and Injury' folder, ensure that this is signed on the collection of the child

MAINTENANCE OF BUILDINGS AND EQUIPMENT PROCEDURE

- Educators check the premises, including outdoor play areas, to ensure that is safe, clean and in good repair. This is completed every morning and afternoon.
- Educators use a cleaning and maintenance list to check and clean the furniture and equipment on a daily basis
- Hazardous products, including chemicals are stored safely and securely away from children
- All electrical items are checked regularly by a qualified electrician and tagged to comply with safety standards
- If equipment is found to be faulty or broken by an educator, it will be removed from use, with the director organising its repair or replacement

ROLES AND RESPONSIBILITIES

Roles	Responsibilities
Director	<ul style="list-style-type: none"> • Ensure that obligations under the Education and Care Services National Law and National Regulations are met • Ensure that enrolment records are kept for each child which contains all prescribed information • Confidentially store an incident, injury, trauma, or illness record until the child is 25 years' old • Record information as soon as possible, and within 24 hours, after the incident, injury, trauma, or illness and ensure that the family is notified as soon as practicable and no later than 24 hours. • Notify the regulatory authority of a serious incident online using the NQAITS - SI01 Notification of Serious Incident record • Ensure that at least one educator holds a current approved first aid qualification and has undertaken current approved anaphylaxis and asthma management training is in attendance at all times and immediately available in an emergency situation • Take reasonable steps to ensure that educators follow policies and procedures • Ensure that copies of policies and procedures are readily accessible to educators and available for inspection • Implement the Incident, Injury, Trauma and Illness policy and procedures • Investigate the cause of any incident, injury, trauma, or illness and take appropriate steps to remove the cause if required • Contact emergency services in the first instance then notify families immediately after an incident, injury, trauma, or medical emergency, as soon as practicable • Ensure each child's enrolment record includes authorisation by a parent or person named in the record, for the director to seek medical treatment for the child from a registered medical practitioner, hospital, or ambulance service and if required, transportation by an ambulance service
Educators	<ul style="list-style-type: none"> • Record information as soon as possible, and within 24 hours after the incident, injury, trauma, or illness • Seek further medical attention if required after the incident, injury, trauma, or illness • Be aware of children with allergies and their attendance days, and apply this knowledge when attending to any incident, injury, trauma, or illness • Complete and incident, injury, trauma, and illness record • Keep incident, injury, trauma and illness record confidential and store until the child is 25 years of age
Families	<ul style="list-style-type: none"> • Provide authorisation in the child's enrolment form for the director to seek medical treatment for the child from a registered medical practitioner, hospital, or ambulance service and, if required, transportation by an ambulance service • Notify the service upon enrolment of any specific health care needs of the child, including any medical conditions and allergies and any medical management plans that need to be followed

	<ul style="list-style-type: none"> • Notify the service of any infectious disease or illness that has been identified when the child has been absent from the service, that may impact the health and wellbeing of other children or educators attending the service • Be contactable, either directly or through emergency contacts listed on the enrolment form, in the event of an incident requiring medical attention • Notify educators if there has been a change in the condition of the child's health, or of recent accidents or incidents that may impact the child's care • Notify the educators or staff when the child is ill and will be absent from the regular program
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NATIONAL QUALITY STANDARDS

The following quality areas link to Incident, Injury, Trauma, and Illness

Quality Area 2 - Children's Health & Safety

2.1 Health

2.1.2 Health practices and procedures

2.2 Safety

2.2.1 Supervision

2.2.2 Incident and emergency management

2.2.3 Child protection

Quality Area 3 - Physical Environments

3.1.2 Upkeep

Quality Area 4 - Staffing Arrangements

4.1 Staffing arrangements

4.1.1 Organisation of educators

4.2.2 Professional standards

Quality Area 5 - Relationships with Children

5.1.2 Dignity and rights of the child

5.2.2 Self-regulation

Quality Area 6 - Collaborative Partnerships with Families and Communities

6.1 Supporting relationships with families

6.1.2 Parents views are respected

6.1.3 Families are supported

6.2.1 Transitions

6.2.2 Access and participation

Quality Area 7 - Governance and Leadership

7.1 Governance

7.1.2 Management systems

7.1.3 Roles and responsibilities

7.2.1 Continuous improvements

PRINCIPLES

The following principles link to Incident, Injury, Trauma, and Illness

Secure, respectful, and reciprocal relationships

Partnership

Aboriginal and Torres Strait Islander perspectives

Equity, inclusion, and high expectations

Critical reflection and ongoing professional learning

Collaborative leadership and teamwork

PRACTICES

The following practices link to Incident, Injury, Trauma, and Illness

Collaboration with children and young people

Environments

Continuity and transitions

Assessment and evaluation for wellbeing, learning and development

SOURCE

[Incident, injury, trauma and illness \(acecqa.gov.au\)](https://www.acecqa.gov.au)

[Reporting requirements about children | ACECQA](#)