INCIDENT, INJURY, TRAUMA AND ILLNESS POLICY & PROCEDURE

Policy Statement

Our Out of School Hours Care (OSHC) Service is committed to ensuring the health, safety, and wellbeing of all children, educators, families, and visitors. We recognise that despite proactive risk management and vigilant supervision, incidents, injuries, trauma, or illness may still occur. Our Service will respond promptly, appropriately, and compassionately to all such events to minimise harm and ensure the best possible outcomes for every child. We will maintain a safe and hygienic environment, comply with all relevant legislation and regulations, and uphold our duty of care by following established procedures for incident management, first aid administration, record keeping, and notification to families and regulatory authorities.

Background

Children in education and care settings are naturally active and curious, and as such, incidents and illnesses can occasionally occur despite best preventive measures. It is essential that all educators are prepared to respond effectively when these situations arise to support children's physical and emotional wellbeing. This policy ensures our OSHC Service complies with the *Education and Care Services National Law and Regulations*, specifically Regulations 85–87, which require the implementation of effective policies and procedures for the management and documentation of any incident, injury, trauma, or illness. (Reg. 168)

Our Service is guided by current best practices, including *Staying Healthy: Preventing Infectious Diseases in Early Childhood Education and Care Services (6th Edition),* and promotes an environment where all incidents are managed professionally, transparently, and with continuous reflection to improve safety and care outcomes.

Legislative Requirements and links to the National Quality Framework

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
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 Child Safety and Protection (effective Jan 2026)	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect. Management, educators and staff are aware of their roles and responsibilities regarding child safety, including the need to identify and respond to every child at risk of abuse or neglect

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS	
S. 165	Offence to inadequately supervise children
S.167	Offence relating to protection of children from harm and hazards
S. 174	Offence to fail to notify the regulatory authority
12	Meaning of serious incident
17	Health, hygiene and safe food practices
84	Awareness of child protection law
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parent of incident, injury, trauma or illness
87	Incident, injury, trauma and illness record
88	Infectious diseases
89	First aid kits
90	Medical conditions policy
92	Medication record

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

Definitions of Key Terms used in the Policy

TERM	MEANING	SOURCE
ACECQA – Australian Children's Education and Care Quality Authority	The independent national authority that works with all regulatory authorities to administer the National Quality Framework, including the provision of guidance, resources, and services to support the sector to improve outcomes for children.	ACEQA
Approved anaphylaxis management training	Anaphylaxis management training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website.	National Regulations (Regulation 136)
Approved emergency asthma management training	Emergency asthma management training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website. (Reg. 94)	National Regulations (Regulation 136)
Approved first aid qualification	A qualification approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website with content such as: Emergency life support and cardio-pulmonary resuscitation; convulsions; poisoning; respiratory difficulties; management of severe bleeding; injury and basic	National Regulations (Regulation 136)

	wound care; and administration of an auto-immune adrenalin device. (Reg. 137)	
Emergency	An incident, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of a person at the service. For example, a flood, fire or a situation that requires the service premises to be locked down.	Guide-to-the-NQF-250901.pdf – Quality Area 7
Emergency services	Includes ambulance, fire brigade, police and state emergency services.	Emergency services | NSW Government
First Aid	Is the immediate treatment or care given to a person suffering from an injury or illness until more advanced care is provided or the person recovers. First aid training should be delivered by approved first aid providers, and a list is published on the ACECQA website.	First aid | Safe Work Australia
Hazard	A source of potential harm or a situation that could cause or lead to harm to people or property. Work hazards can be physical, chemical, biological, mechanical or psychological.child health record has been sighted.	How to - Work health and safety approved v2.indd
Injury	Any physical damage to the body caused by violence or an incident.	ACEQA
Medication	Medicine within the meaning of the Therapeutic Goods Act 1989 of the Commonwealth. Medicine includes prescription, over-the-counter and complementary medicines. All therapeutic goods in Australia are listed on the Australian Register of Therapeutic Goods, available on the Therapeutic Goods Administration website. (Reg 93)	Education and Care Services National Regulations (2011 SI 653) - NSW Legislation - Definitions
Medical Attention	Medicine within the meaning of the Therapeutic Goods Act 1989 of the Commonwealth. Medicine includes prescription, over-the-counter and complementary medicines. All therapeutic goods in Australia are listed on the Australian Register of Therapeutic Goods, available on the Therapeutic Goods Administration website (tga.gov.au).	Education and Care Services National Regulations (2011 SI 653) - NSW Legislation - Definitions
Medical emergency	An injury or illness that is acute and poses an immediate risk to a person's life or long-term health.	Education and Care Services National Regulations (2011 SI 653) - NSW Legislation - Definitions
Medical management plan (MMP)	A document that has been written and signed by a doctor. A MMP includes the child's name and photograph. It also describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition.	National Regulations (regulation 90)
Minor Incident	An incident that results in an injury that is small and does not require medical attention.	Education and Care Services National Regulations (2011 SI 653) - NSW Legislation - Definitions

Notifiable Incident	Any incidents that seriously compromise the safety, health or wellbeing of children. The notification needs to be provided to the regulatory authority and also to parents within 24 hours of a serious incident. An incident or allegation of physical or sexual abuse to a child while at an education and care service also needs to be notified to the regulatory authority within 24 hours or within 24 hours of the approved provider becoming aware of the incident or allegation. The regulatory authority can be notified online through the NQA IT System.	Mandatory Reporter Guide National Law (Section 174) National Regulations (regulation 86) Regulation 175 Regulation 176
Physical Abuse	For the purposes of NQF notifications, child physical abuse refers to the use of physical force against a child that results in harm to the child. Depending on the age of the child and the nature of the adult's behaviour, physical force that is likely to cause physical harm to the child may also be considered abusive. For example, a situation in which a baby is shaken by an adult but not injured would still be considered physical abuse.	Health Organisation ((WHO), 2006, p. 9)
Serious incident	For the purposes of the definition of serious incident in section 5(1) of the Child Protection Law (Reg. 84), each of the following is prescribed as a serious incident: (a) the death of a child— (i) while that child is being educated and cared for by an education and care service; or (ii) following an incident occurring while that child was being educated and cared for by an education and care service; (b) any incident involving serious injury or trauma to a child occurring while that child is being educated and cared for by an education and care service— (i) which 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; Example: A broken limb. (c) any incident involving serious illness of a child occurring while that child is being educated and cared for by an education and care service for which the child attended, or ought reasonably to have attended, a hospital; Example: Severe asthma attack, seizure or anaphylaxis reaction. (d) any emergency for which emergency services attended; (e) any circumstance where a child being educated and cared for by an education and care service— (i) appears to be missing or cannot be accounted for; or (ii) appears to have been taken or removed from the education and care service premises in a manner that contravenes these Regulations; or (iii) is mistakenly locked in or locked out of the education and care 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.	National Regulations (regulation 12)
Sexual Abuse	For the purposes of NQF notifications, the definition of child sexual abuse varies depending on the relationship between the victim and the perpetrator. In the context of education and care, the definition of sexual abuse is any sexual behaviour, including grooming behaviour, between an adult and to a child. Adults working in an education and care service are in a position of power	The Guide to the National Quality Framework – Quality Area 7: Governance and Leadership.

	or authority over children and any sexual behaviour by an adult towards a child is sexual abuse.	(Adapted from the Australian Institute of Family Studies.)
Trauma	Is when a child feels intensely threatened by an event he or she is involved in or witnesses.	Early Childhood Trauma | The National Child Traumatic Stress Network

Principles that inform the policy

Roles and Responsibilities

Approved Provider	• Ensure that obligations under the Education and Care Services National Law and National Regulations are met • Ensure that an enrolment record is kept for each child which contains all the prescribed information (Reg. 177) • Confidentially storing an incident, injury, trauma and 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, or incident or allegation of physical abuse or sexual abuse to a child while being educated and cared for at an education and care service • Ensure that a parent/guardian of the child is notified as soon as is practicable, but no later than 24 hours after the incident, injury, trauma or illness • Notify the regulatory authority of a serious incident, or incident or allegation of physical abuse or sexual abuse to a child while being educated and cared for at an education and care service within 24 hours of the incident; or within 24 hours of the approved provider becoming aware of the incident or allegation, online using the NQAITS - I01 Notification of Incident form • Ensure that at least one educator, staff member or nominated supervisor who holds a current approved first aid qualification and has undertaken current approved anaphylaxis management and emergency asthma management training is in attendance at all times and immediately available in an emergency

	• Take reasonable steps to ensure that nominated supervisors, educators, staff and volunteers follow the policy and procedures (Reg. 170) • CPR posters from recognised authorities are displayed in strategic positions throughout the Centre including the indoor and outdoor play spaces. • Ensure copies of the policy and procedures are readily accessible to nominated supervisors, educators, staff and volunteers, and available for inspection • Notify families at least 14 days before changing the policy or procedures if the changes will: - affect the fees charged or the way they are collected or - significantly impact the service's education and care of children or - significantly impact the family's ability to utilise the service.
Nominated Supervisor/ Responsible Person	• Implement the Incident, injury, trauma and illness policy and procedures • Investigate the cause of any incident, injury or illness and take appropriate action to remove the cause if required • Contact emergency services in the first instance then notify parents/guardians immediately after an incident, injury, trauma or medical emergency, or as soon as is practicable • Ensure each child's enrolment record includes authorisation 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. (Reg. 161 & 162)
Educators	• Record information as soon as possible, and within 24 hours after the incident, injury, trauma or illness, or incident or allegation of physical abuse or sexual abuse to a child while being cared for at an education and care service • Seek further medical attention if required after the incident, injury, trauma or illness

	• Ensure that two people are present any time medication is administered to children (except FDC or permitted services under regulation 95(c)) • Be aware of children with allergies and their attendance days, and apply this knowledge when attending to any incidents, injury, trauma or illness • Complete an Incident, Injury, Trauma and Illness Record • Keep Incident, Injury, Trauma and Illness Records confidential and store until the child is 25 years old.
Families	• Provide authorisation in the child's enrolment form for the approved provider, nominated supervisor or an 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 • 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 • Ensure any medical management plans at the service are kept up-to-date • Collect the child as soon as possible when notified of an incident, injury, trauma or illness • 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, educators, staff or others 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 or staff 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 educators or staff when the child is ill and will be absent from their regular program.

Important Points

- If children arrive unwell to Fun 4 U Helensburgh, parents or emergency contacts will be telephoned and we will request that the parent/ guardian pick the child up as soon as possible. This is to ensure that children are not able to cross infect to others. The centre is to send out reminders to ensure all contact numbers are kept updated regularly.
- The Centre maintains up-to-date records of the First Aid and CPR status of all educators, together with their anaphylaxis and asthma management training. The staff roster reflects the requirement to ensure an appropriate trained educator is rostered on at all times and is positioned with the children, including on excursions.
- In the event of a child displaying early symptoms of a childhood illness, the child will be separated from other children, First Aid administered as appropriate, the child made comfortable and their condition closely monitored. Parents will be notified and asked to collect their child as soon as possible to obtain medical attention.
- 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 OSHC Service.
- We are guided by explicit decisions regarding exclusion periods and notification of any infectious disease by the *Australian Government- Department of Health* and local Public Health Units in our jurisdiction under the Public Health Act.
- Any workplace incident, injury or trauma will be investigated, and records kept as per WHS legislation and guidelines. An *Incident Injury Report Register* will be completed to assist with a review of practices following an incident or injury at the Service, including an assessment of areas for improvement.
- All staff and educators are required to follow the procedures outlined in our *First Aid Policy* and First Aid Procedure, including knowing where First Aid Kits are located and what they contain. (Reg. 89)

Incident, Injury, Trauma and Illness Record

All incidents, injuries, trauma, or illnesses that occur at Fun 4 U Helensburgh OSHC must be promptly recorded and stored appropriately (Reg. 85, 87 & 183). This includes all instances where first aid has been administered.

Each record must include the following details:

- The **name and age of the child** involved
- The **circumstances** leading to the incident, injury, trauma, or illness, including any symptoms observed
- The **time and date** the incident occurred
- **Actions taken** by the OSHC Service, including any medication administered, first aid provided, or medical personnel contacted
- The **details of any witnesses**
- The **names of persons notified** (or attempts made to notify them), along with the **time and date** of notification
- The **signature of the staff member** completing the record, including the **time and date** the entry was made

This documentation ensures transparency, compliance with regulations, and effective communication between educators, families, and regulatory authorities.

The service reserves 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** above 38.0 degrees Celsius, 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-biotic** in the last 24 hours.
- Have a diagnosed **contagious illness** or **infectious disease.**
- Have been in close contact with someone who has a positive confirmed case of **COVID-19.**

Identifying signs and symptoms of illness

Educators and management are not medical professionals and cannot diagnose illness or infectious disease. However, as they know the children well, educators will closely monitor for signs of sickness and respond with appropriate comfort and care.

If a child becomes unwell at the OSHC Service:

- Serious symptoms (e.g., breathing difficulties, drowsiness, unresponsiveness, pale/blue colouring, feeling cold): an ambulance will be called immediately.
- Concerning symptoms (e.g., fever, lethargy, rash, poor feeding, pain, sensitivity to light): educators will monitor the child, contact parents/carers, and discuss whether medical review is required. If symptoms worsen quickly, become severe, or multiple concerns develop, an ambulance may be called.

Children who are not well enough to participate in activities will be cared for in a quiet, supervised space, away from others, until collected by their parent/guardian or emergency contact. Children with contagious symptoms (vomiting, diarrhoea, fever) will be immediately separated from the group and supervised until pickup.

Any case requiring ambulance transport or urgent medical intervention will be reported as a serious incident to the regulatory authority (Regulation 12).

Symptoms indicating illness may include: (but not limited to)

- 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

<u>High Temperatures or Fevers</u>

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. It the temperature registers between 37.5°C to 37.9°C the educator will check again in 30 minutes

Educators will notify parents when a child registers a temperature of 38°C or higher. The child will need to be collected from the Service and will not permitted back for a further 24 hours. Emergency services will be contacted should the child have trouble breathing, becomes drowsy or unresponsive or suffers a convulsion lasting longer than five minutes. Educators will complete an *Incident, Injury, Trauma and Illness* record on the OWNA app and note down any other symptoms that may have developed along with the temperature (for example, a rash, vomiting, etc.). The child will need to be collected from the service as soon as possible (ideally within 30 minutes)

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. 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)
- loses consciousness
- has a seizure, convulsion or fit
- seems unwell or vomits several times after hitting their head
- has a severe or increasing headache

Respiratory Symptoms

Respiratory symptoms can include cough, sneezing, runny/blocked nose, and sore throat. While colds are very common in children, these symptoms may also indicate infectious conditions such as influenza or COVID, or non-infectious causes like allergies.

At Fun 4 U OSHC, exclusion is based on the severity of symptoms and the child's wellbeing. Children who are unwell, distressed, or lethargic should remain at home in the care of a parent/carer.

A child will be excluded if:

- respiratory symptoms are severe,
- symptoms worsen throughout the day, or
- other concerning symptoms are present (e.g., fever, fatigue, pain, poor feeding).

Diarrohea and Vomiting (Gastroenteritis or 'gastro')

Staff and children that have had diarrhoea and/or vomiting will be excluded from the OSHC Service until there has not been any diarrhoea or vomiting for at least 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 OSHC Service for up to 48 hours after they have stopped vomiting or having diarrhoea. [Staying healthy, 2024.] (Reg. 17)

Notifying Families and Emergency Contact – sickness or infectious illness'

Families must ensure an emergency contact can collect an unwell child within 30 minutes. Failure to do so may result in a warning letter, and repeated breaches could lead to termination of the child's place. Parents/guardians are notified of any illness, accident, or trauma within 24 hours. Families are also informed promptly of any infectious disease outbreaks through notices, the online app, or email.

When a child is diagnosed with an illness or infectious disease, the Service follows the Public Health Unit (PHU) and *Staying Healthy, 6th Edition (2024)* guidelines for exclusion periods. These timeframes are shared with families in the Family Handbook and the Dealing with Infectious Disease Policy. Factsheets are provided to ensure families have clear, accurate information.

Other situations to consider:

- Should a child become exposed to bodily fluids such as another's saliva or blood (e.g. through a bite), the parents will be contacted to collect their child and obtain medical advice.
- In the event of an injury to a child, educators are to perform basic first aid treatment, monitor carefully and contact the parents if necessary. The educator is to complete an Incident, Injury, Trauma and Illness Record. Parents are asked to sign the Record (as proof of disclosure of information), and they receive a copy within 24 hours of the incident occurring.
- Educators will monitor the child carefully to ensure their condition does not get worse and call an ambulance immediately if required.
- In the event of an incident with a child relating to that child's identified medical condition, that child's Medical Management Plan must be followed explicitly. An Incident, Injury, Trauma and Illness Record is to be completed on the OWNA app, signed by the parents, and they receive a copy within 24 hours of the incident occurring.
- If the child has gone home from the OSHC Service with a fever but their temperature is normal the next morning they can return to the Service. (Staying healthy, 6th Edition, 2024)

Illness Management

To reduce the spread of infectious illness, our OSHC Service follows the *Staying Healthy: Preventing infectious diseases in early childhood education and care services (6th Edition)* guidelines.

Key practices include:

- Immunisation for children and adults.
- Respiratory hygiene – educators model safe practices, reminding children to cough/sneeze into their elbow or tissue, then wash or sanitise hands.
- Hand hygiene – regular handwashing with soap and water, especially before eating and after toileting; drying with paper towels.
- Family and visitor hygiene – handwashing or sanitising on arrival and departure.
- PPE use – gloves and masks when required.

- Environmental cleaning – disinfecting all surfaces, bedding and areas after body fluid spills.
- Toileting hygiene – strict cleaning and disinfection routines.
- Exclusion – anyone showing signs of an infectious disease is excluded from the Service.

Notification of a serious incident:

The service will notify the Regulatory Authority using the NQA IT SYSTEM of any serious incident at the education and care service within 24 hours of the incident. This includes:

- The death of a child
- Any complaints alleging that the safety, health or wellbeing of a child was, or is, being compromised
- When a child receives any type of injury that requires them to access further emergency medical care or an emergency service was required to attend the service or
- A missing child.

All evidence must be included and a report, located on the OWNA app provided to the family within 24hours of the incident.

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).

Children who experience trauma may show behavioural changes such as increased clinginess, separation anxiety, sleep or eating difficulties, withdrawal, trouble enjoying activities, being easily startled, physical complaints (e.g., stomach aches, headaches), or feelings of guilt and self-blame. These behaviours are often responses to trauma, not misbehaviour. Children need time, patience, and supportive adults who listen, talk, and play with them to help process their feelings.

Educators can support children by:

- Observing and documenting behaviours and what strategies help.
- Providing a calm, safe space with comfort items.
- Using quiet time activities (e.g., reading, drawing, play dough, dress-ups).
- Encouraging expression of feelings through play.
- Reflecting children's emotions back to them to help with understanding.

Supporting families, educators and staff:

- Take time to calm yourself when feeling strong emotions.
- Plan ahead for challenging situations.
- Look after your own wellbeing so you can better support children.
- Use support networks (family, colleagues, professionals).
- Seek help through services such as BeYou or Emerging Minds.
- Ask for support from management when needed

Missing or unaccounted for child

At all times, reasonable precautions and adequate supervision is provided to ensure children are protected from harm or hazards (Reg. S.167). 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.

Educators 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. (Reg. S.165)
- Visitors to the service are not left alone with children at any time

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, 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.

Injury to Staff

Staff are:

- to inform the Nominated Supervisor as soon as possible if they have an accident or are injured at work.
- The staff member will be asked to complete a staff incident report form, located on the OWNA App for the Centre's records. If the staff member seeks medical advice, this information should be added to the records. The staff member is also required to notify

the Director of any application for WorkCover, and to keep the Director informed of any progress.

The nominated supervisor is to ensure that all staff are aware of the completion of the appropriate injury, incident, trauma and illness record. In the event of any incident, injury, trauma or illness to children whilst in the care of the service, and that this information is completed no later than 24 hours after the incident occurred

Administration of First Aid Procedures

Outlines of how Fun 4 U's organisational culture priorities child safety throughout our services in reflection of legislation: Organising the procedures
How you will separate the different parts of the policy into easy to follow procedures to make it easier for educators and staff to understand and implement them. Break the policy into clear, structured procedure sections with simple step-by-step actions. Use headings such as Incident Management, Injury Response, Illness Management, and Trauma Support. Include a Responsibilities section and cross-reference related procedures (e.g., First Aid, Missing Child, Infectious Disease). This helps staff quickly find what they need and apply it consistently.
How you will ensure that all types of scenarios and steps to be taken are considered. For example, missing children as a serious incident would need to include details of monitoring numbers, an action plan for the missing child, supervision for the other children, and who is contacted and when. Use a **scenario-based approach** to plan for every possible situation — e.g., missing child, illness, trauma, or emergency. For each, outline: • Immediate actions • Supervision of other children • Communication and notification steps • Required documentation • Review and follow-up process This ensures nothing is missed and all staff understand exactly what to do in every type of incident.

Strategies for Monitoring and Implementing Procedures
• Make sure your policy and procedures are available for all to access. • Create checklists with clear expectations around implementing procedures. • Provide educator and staff induction training, standalone training, and regular updates and reviews of the policy and procedures at meetings. • Role play scenarios with educators and staff to encourage and develop knowledge around serious incidents and correct procedures. • Design templates or documents needed for the individual procedures. • Develop communication systems, e.g. for educators and staff to communicate with families, for notifications/ reporting.
Outlines of how Fun 4 U's organisational culture priorities child safety throughout our services in reflection of legislation: Preventing incidents, injury, trauma and illness
How you intend to meet the regulations related to preventing incidents, injury, trauma and illness, including for excursions and transport. Our OSHC Service will meet all requirements under the *Education and Care Services National Law and National Regulations* by implementing proactive measures to prevent incidents, injury, trauma and illness both on and off-site. We will: • **Conduct comprehensive risk assessments** for all activities, excursions, and transport to identify and control potential hazards. • **Ensure adequate supervision** at all times, maintaining required educator-to-child ratios, including during transport and excursions. • **Follow the Excursion and Safe Arrival of Children Policies** to ensure written authorisation, supervision plans, emergency procedures and communication systems are in place. • **Maintain safe environments** through regular safety audits, equipment checks, and hazard reporting systems. (Reg. 103) • **Ensure all educators hold current first aid, CPR, anaphylaxis and asthma management training** and that at least one trained educator is present at all times.

- **Implement health and hygiene practices** as per *Staying Healthy: Preventing infectious diseases in early childhood education and care services (6th Edition)* to reduce illness and infection risks.
- **Keep accurate records** of incidents, injuries, trauma and illness and report serious incidents to the regulatory authority within 24 hours as required under Regulation 175 and 176.
- **Provide ongoing induction and training** for all educators and staff to ensure awareness of procedures and responsibilities in preventing and responding to incidents, both at the Service and during excursions or transport.

Through these strategies, our Service ensures a safe, compliant, and responsive environment for all children in our care.

Undertaking risk assessments that identify potential risks while not inhibiting children's risky play and experiences.

Our OSHC Service will undertake comprehensive risk assessments to identify and manage potential hazards in all environments and activities, including excursions and transport. These assessments aim to minimise harm while still supporting children's right to engage in age-appropriate risky play and meaningful experiences that promote learning, confidence, and resilience. Educators will balance safety with developmental opportunities by applying professional judgment, supervision, and control measures that reduce risk without unnecessarily restricting children's exploration or independence.

What systems will promote reflection on supervision plans/ratio checks.

Our OSHC Service promotes ongoing reflection on supervision practices and ratio checks through the following systems:

- Daily supervision reflection logs: Educators document supervision challenges, near misses, or changes in children's behaviour or environment that may affect supervision.
- Regular team debriefs: Conducted during staff meetings to discuss supervision strategies, review ratio adequacy, and identify improvements.
- Incident and near-miss reviews: All incidents are analysed to determine whether supervision or ratios were a contributing factor, prompting updates to supervision plans where required.

- Room and environment audits: Regular audits of the indoor and outdoor environments ensure visibility, accessibility, and appropriate educator positioning.
- Ongoing training and mentoring: Educators participate in supervision training and reflective practice sessions to strengthen situational awareness and proactive supervision skills.
- Excursion and transport evaluations: After each outing, the team reflects on supervision effectiveness, ratios, and risk control measures to refine future planning.

These systems ensure continuous improvement in supervision quality, compliance with ratio requirements, and the ongoing safety and wellbeing of all children.

The grouping of children and supervision plans.

At Fun 4 U Helensburgh OSHC, educators plan and implement effective grouping and supervision strategies to ensure the safety and wellbeing of all children while supporting their independence and social development.

- **Developmentally appropriate groupings:** Children are grouped based on their age, abilities, interests, and needs to promote inclusion, engagement, and positive peer interactions.
- **Consistent supervision:** Each group has a designated educator responsible for active supervision, maintaining required educator-to-child ratios at all times—including during transitions, excursions, and transport.
- **Dynamic supervision plans:** Supervision plans are reviewed regularly to reflect daily attendance, environmental layout, activities, and children's individual needs. Educators position themselves to maintain clear sight and hearing of all children.
- **Environmental design:** Indoor and outdoor spaces are arranged to reduce blind spots and allow educators to move freely between areas while maintaining visual contact with children. This also includes having appropriate fencing installed to maximise safety. (Reg. 104)
- **Regular reflection:** Educators and the nominated supervisor review supervision plans after each session and following any incidents or near misses to identify improvements.

- **Communication systems:** Walkie-talkies, mobile phones, or designated signals are used during outdoor play and excursions to maintain constant communication between educators.

These strategies ensure all children are accounted for, adequately supervised, and supported to engage in safe, stimulating, and developmentally appropriate experiences throughout their time at the service.

How you reflect on your infection control procedures to inform practice.

At **Fun 4 U Helensburgh OSHC**, we continuously reflect on and review our infection control procedures to ensure they remain effective, current, and aligned with public health advice and the *Staying Healthy: Preventing infectious diseases in early childhood education and care services (6th Edition)* guidelines.

Reflection occurs through:

- **Regular team meetings:** Educators discuss infection control practices, recent illnesses, and any patterns or areas for improvement.
- **Incident and illness reports:** Data from the *Incident, Injury, Trauma and Illness Register* is reviewed each term to identify trends (e.g., recurring illnesses) and to evaluate whether current hygiene measures are effective.
- **Cleaning and hygiene audits:** Scheduled checks of cleaning routines, handwashing practices, and sanitising procedures help ensure compliance with the *National Regulations* and service policies.
- **Feedback and observations:** Educators, children, and families are encouraged to share feedback on hygiene practices. Educators also reflect during daily routines to identify practical adjustments.
- **Professional development:** Ongoing training ensures educators remain informed of best practice infection prevention, including updates from NSW Health and the Department of Education.
- **Policy review:** The *Infection Control and Illness Policy* is reviewed annually, or sooner if there is a change in health advice, a notifiable disease outbreak, or a review finding requiring procedural changes.

This reflective process promotes a culture of continuous improvement, ensuring infection control practices are proactive, evidence-based, and effectively safeguard the health of all children, families, and staff.

What systems you have in place to ensure immunisation records for each child are up to date.

Our systems include:

- Collection at enrolment:

  Families are required to provide a copy of their child's *Australian Immunisation Register (AIR) Immunisation History Statement* that shows the child is up to date with their immunisations, on a catch-up schedule, or has a medical exemption.
- Verification process:

  The nominated supervisor verifies each record before enrolment is finalised and documents compliance in the child's enrolment record.
- Ongoing monitoring:

  Immunisation records are reviewed annually or when a child's AIR record is due for update. Families are reminded via email or the OWNA app to provide an updated statement when their child receives new immunisations.
- Exclusion management:

  In the event of a vaccine-preventable disease outbreak, only children who are fully immunised or have a valid exemption will be permitted to attend, in accordance with NSW Health guidelines.
- Record keeping:

  Immunisation records are stored confidentially in each child's enrolment file and updated in the OWNA system for easy monitoring and auditing.
- Family communication:

  Families are regularly reminded of the importance of maintaining current immunisation records through newsletters, enrolment updates, and policy reviews.

Strategies for Monitoring and Implementing Procedures

- Ensure risk assessments are carried out and reviewed as required.
- Regularly reflect on supervision plans and ratio checks.
- Periodic WHS checks of the physical environment, furniture and resources.

Outlines of how Fun 4 U's organisational culture priorities child safety throughout our services in reflection of legislation: Managing incidents, injury, trauma and illness
How you intend to meet the regulations related to managing incidents, injury, trauma and illness. Fun 4 U Helensburgh OSHC will meet all obligations under the *Education and Care Services National Law and Regulations*, specifically **Regulations 85–87**, by: • Maintaining up-to-date and detailed **Incident, Injury, Trauma and Illness Records** for every incident, including first aid provided, parent notification, and follow-up actions. • Ensuring all incidents are **recorded within 24 hours** and securely stored until the child reaches **25 years of age**. • Notifying the **Regulatory Authority (via NQAITS)** within **24 hours** of any **serious incident**, including those involving death, hospitalisation, emergency medical attention, or an allegation of abuse or harm. • Ensuring at least one educator on duty holds **current approved first aid, anaphylaxis, and asthma management qualifications** at all times. • Reviewing incidents regularly to identify trends and update risk assessments to prevent reoccurrence.
How you will identify the seriousness of the incident, injury, trauma and/or illness to inform the steps you will take. Educators will assess the seriousness of any incident, injury, trauma, or illness using the following criteria: • Minor: Scrapes, small bumps, or mild illnesses that can be treated with first aid and do not require medical intervention. • Moderate: Injuries or illness requiring parent collection or further medical review but not emergency care (e.g., persistent fever, deep cuts). • Serious: Any event requiring immediate emergency medical attention, hospitalisation, ambulance transport, or resulting in significant harm or trauma. The nominated supervisor determines whether the event meets the criteria for a Serious Incident Notification and ensures reporting obligations are met.
What steps need to be taken in a trauma or incident, such as:

When an incident or trauma occurs, educators and management will act immediately to protect all children, following these steps:

1. **Contact emergency services (000)** if the child requires urgent medical care or if the incident poses a serious threat to safety.
2. **Provide first aid** according to the staff member's training and in line with the *Administration of First Aid Policy*.
3. **Remove or control hazards** to prevent further harm to children, educators, or visitors.
4. **Implement emergency procedures** as appropriate to the situation, such as:

- **Evacuation** – for fire, gas leak, or other hazards.
- **Lockout or lockdown** – for security threats or community emergencies.

5. **Supervise other children** while ensuring adequate staff are available to manage the affected child.
6. **Notify the nominated supervisor and parents/guardians** immediately.
7. **Document** the event on the *Incident, Injury, Trauma and Illness Record* as soon as practicable and within 24 hours.
8. **Review the incident** post-event to identify preventive actions or training needs.

What steps need to be taken for managing illness, such as:

When a child becomes ill at the Service:

1. The child will be **moved to a quiet, well-ventilated area** away from other children but within direct supervision of an educator.
2. The educator caring for the child will **wear appropriate PPE**—gloves, face mask, and use disinfectant as needed—to prevent cross-contamination.
3. The child's **temperature and symptoms will be monitored**, and first aid will be provided as appropriate.
4. **Parents/guardians or emergency contacts** will be notified to collect the child as soon as possible.
5. Educators will **clean and disinfect** all affected surfaces and materials following Staying Healthy: Preventing infectious diseases in early childhood education and care services (6th edition).
6. If the illness is identified as **infectious or contagious**, the nominated supervisor will:

- Notify families and display an infectious illness alert at the Service.
- Refer to Public Health Unit guidance for exclusion periods and notify relevant authorities if required.
- Cross-check immunisation records to identify any children who may require exclusion during an outbreak.

What steps need to be taken to prevent incidents or allegations of physical or sexual harm to children while at an education and care service.

To protect children from harm and prevent incidents or allegations of abuse:

- The Service upholds a **zero-tolerance approach** to any form of physical, emotional, or sexual harm.
- All educators and staff must comply with the **Child Safe Environment Policy**, **Code of Conduct**, and mandatory reporting obligations.
- Educators are never to be alone with a child in an enclosed space unless in view of others.
- **Supervision plans** ensure appropriate staff ratios, visibility, and active engagement with children at all times.
- Any **suspicion, allegation, or disclosure** of harm must be immediately reported to:
  - The **Approved Provider or Nominated Supervisor**, and
  - The relevant **Child Protection Authority** (NSW – *Department of Communities and Justice*), and
  - The **Regulatory Authority** (within 24 hours, via NQAITS).
- The Service will fully cooperate with investigations and ensure records are confidentially maintained.

Strategies for Monitoring and Implementing Procedures

- Refer to emergency and evacuation procedures.
- Clearly defined roles and responsibility statements, which will assign certain staff to:
  - check first aid kits
  - check protective equipment.
- Have clear steps and processes in place to ensure educators and staff understand and clearly communicate with each other in the event of an incident injury,

trauma and illness or an incident or allegation of physical or sexual abuse to a child.

Outlines of how Fun 4 U's organisational culture priorities child safety throughout our services in reflection of legislation: Documenting and Reporting Incidents, Injury, Trauma and Illness.

How you will record an incident, injury, trauma and illness, e.g. which templates you will use.

- All incidents, injuries, trauma, or illness will be recorded using the **Incident, Injury, Trauma and Illness Record** template located on the **OWNA platform** or the approved hard-copy form consistent with *Education and Care Services National Regulation 87*.
- Records will include all required details such as:
  - Child's name, age, date, time, and description of the incident, injury, trauma, or illness
  - Actions taken (including first aid, medication, or medical intervention)
  - Names of witnesses and staff involved
  - Parent/guardian notification details and time of contact
  - Signatures of the educator completing the form and the parent/guardian on collection.
- The **original signed copy** will be filed securely at the Service and retained until the child reaches **25 years of age**, while **a copy is provided to the family** for their records.

Identify steps to be taken when families need to be notified of a contagious illness.

- Families will be notified **as soon as practicable but within 24 hours** of any incident, injury, trauma, or illness.
- Where a child displays symptoms of **a contagious or infectious illness**, families will be contacted immediately and asked to collect their child.
- The nominated supervisor will provide families with an **Infectious Illness Notification** outlining:
  - The illness name
  - Common symptoms
  - Exclusion periods (as per *Staying Healthy: Preventing infectious diseases in early childhood education and care services, 6th Edition*)
  - Any additional health authority advice.

Other families in the service will be informed of an infectious outbreak via **OWNA alerts, email, or signage** (ensuring privacy and confidentiality of affected individuals).

Identify steps to be taken for vaccine preventable diseases, and include in documentation, e.g. processes for checking against immunisation records for each child to see if any may need to be excluded.

When a **vaccine-preventable disease** is reported, the nominated supervisor will:

1. **Refer to NSW Health guidelines** for exclusion periods and disease management.
2. **Cross-check children's immunisation records** on file to identify any who are not fully immunised or have exemptions.
3. **Notify families** of at-risk or unimmunised children, who may need to be temporarily excluded until the outbreak risk has passed.
4. **Document** all communication, exclusion decisions, and clearance notices on the child's record.

Identify which illnesses are notifiable and to whom (e.g. regulatory authority, public health agency, etc.) and the notification procedures and timelines to be followed.

- **Notifiable diseases** (as listed by NSW Health under the *Public Health Act 2010*) will be reported to the **Public Health Unit (PHU)** immediately upon confirmation or suspicion.
- Please refer to our *Dealing with Infectious Diseases Policy in regards to notifiable diseases.*
- The service will also notify:
  - The **Regulatory Authority** via the **NQAITS – Notification of Incident (IO1) Form** within **24 hours** of any serious illness, injury, trauma, or outbreak requiring medical attention or posing a risk to children's health and safety.
- Documentation of notification, advice received, and actions taken will be retained on the child's file and in the **Incident Register** for review and auditing.

Strategies for Monitoring and Implementing Procedures

- Develop clearly defined roles and responsibility statements or shift descriptions.
- Develop reporting templates as outlined in your policy.

- Develop systems to ensure families understand their responsibilities regarding the prevention, management and reporting of an incident, injury, trauma and illness, e.g. not sending their child if they are unwell.
- Consider creating an Incident Review template that reflects on the effectiveness or the management and systems, as well as health and safety issues that need to be noted for the future.

Emergency Response Procedures

1. The educator witnessing or responding to a medical emergency will:
    - Assess the situation and begin administering first aid.
    - If untrained, immediately notify the First Aid Officer and assist where appropriate.
2. First aid will be delivered following DRSABCD:
    - Danger
    - Response
    - Send for Help
    - Airway
    - Breathing
    - CPR
    - Defibrillation
3. Emergency services will be contacted immediately by dialling 000 if required.
4. Medical emergencies requiring urgent response may include (but are not limited to):
    - Breathing difficulties
    - Chest pain or tightness
    - Severe bleeding or burns
    - Loss of consciousness or collapse
    - Head, neck, or back injury
    - Anaphylaxis or asthma attack
    - Seizures or convulsions
    - Serious accident or fall

- Poisoning or bites/stings

5. The Nominated Supervisor/Responsible Person will:
    - Ensure other children are removed from the area if needed.
    - Arrange for an educator to meet emergency services at the Service entrance.
    - Allocate adequate supervision for all children during the emergency.
    - Arrange for an educator to accompany the child to hospital if required, while maintaining ratios at the Service.
6. The child's **medical management plan, action plan, or enrolment medical details** will be followed when responding to specific medical conditions (e.g., asthma, anaphylaxis, diabetes).
7. Families or emergency contacts will be informed immediately, and asked to either:
    - Collect the child from the Service, or
    - Meet the ambulance at the hospital.
8. All details of the incident will be recorded in the **Incident, Injury, Trauma and Illness Record**, and the Regulatory Authority notified within **24 hours** of any serious incident. (Reg. 176)

Minor Illness, Injury or Incident

1. Educators will provide immediate first aid and monitor the child closely.
2. If symptoms of contagious illness appear (vomiting, diarrhoea, fever, rashes), the child will be cared for in a quiet supervised space until collected by a parent.
3. Families will be contacted if:
    - The child is not well enough to participate in normal activities, or
    - Medical attention is advised.
4. Records of all minor injuries or illnesses will be completed and signed by families on collection.
5. Any serious illness or injury will be reported to the parent and Regulatory Authority within 24 hours.

Calling for an Ambulance

1. Educators have a **duty of care** to call an ambulance immediately if a child requires urgent medical attention.

2. When calling 000, educators will provide:
    - The Service address and nearest cross street
    - Details of the incident
    - Number of people injured
    - The child/person's age, gender, consciousness and breathing status
3. The Responsible Person will:
    - Arrange for a staff member to meet paramedics and escort them to the child.
    - Ensure any medical plans, medication records, or relevant health information is available for paramedics. (Reg 92)
    - Notify families as soon as practical.
    - Complete all required records, ensuring the parent signs the report within 24 hours.
4. The Approved Provider/Nominated Supervisor will notify the Regulatory Authority within 24 hours via NQA ITS if the incident is categorised as a serious injury, illness, trauma, or medical emergency.

Induction and Ongoing training

Induction

All new educators, staff, students, and volunteers will participate in an induction program before commencing work with children. The purpose of induction is to ensure that all staff understand their responsibilities, the philosophy of the Service, and the policies and procedures that maintain a safe, supportive, and child-focused environment.

Induction will include:

- An overview of the Education and Care Services National Law and National Regulations.
- Familiarisation with the OSHC Service philosophy, values, and expectations.
- Introduction to key policies and procedures including:
    - Child Protection and Child Safe Environment
    - Health, Safety and Wellbeing (including Infectious Diseases (Reg. 88), Medication, Asthma/Anaphylaxis/Diabetes Management)
    - Delivery and Collection of Children
    - Emergency and Evacuation Procedures
    - Behaviour Guidance and Inclusion

- Workplace Health and Safety obligations and reporting procedures.
- Procedures for supervision, ratios, and duty of care.
- Code of Conduct and expectations regarding professional behaviour.
- Orientation to the physical environment, including exits, first aid stations, storage of medication, and emergency equipment.
- Introduction to record keeping requirements (attendance records, incident reports, medication forms, etc.).
- Identification of roles of the Approved Provider, Nominated Supervisor, Responsible Person, and Educators.
- Verification of Working With Children Check (WWCC), qualifications, and immunisation requirements.

All new staff will be required to read, understand, and sign that they have received the Induction Pack, including a copy of relevant Service policies and procedures.

Ongoing Training and Professional Development

All educators, staff, and volunteers at our OSHC Service will receive comprehensive induction training that includes information about the *Administration of First Aid Policy and Procedure* prior to commencing employment. This ensures that all individuals are aware of their responsibilities, the location of first aid kits, and the correct procedures to follow in the event of an injury, incident, or medical emergency.

As part of the induction process, new staff will be informed of:

- The location of first aid kits, emergency equipment, and emergency contact lists.
- The identity and responsibilities of current first aid–qualified educators.
- Procedures for recording and reporting incidents, injuries, trauma, and illness.
- The process for maintaining confidentiality and complying with recordkeeping requirements.

Ongoing training and refresher courses will be provided to ensure educators and staff maintain current skills and knowledge in accordance with *Education and Care Services National Regulation 136(1)*. This includes:

- Renewal of First Aid Qualifications every three (3) years.
- Renewal of CPR Training every 12 months.

- Regular updates on first aid procedures, policy changes, and best practice guidelines shared during staff meetings, professional development sessions, and safety briefings.

The Approved Provider and Nominated Supervisor will maintain up-to-date records of all first aid training and ensure at least one educator with a current first aid qualification is present at all times children are in attendance, including during excursions and transportation.

Monitoring Evaluation and Review

At Fun 4 U, we proactively monitor updates from ACECQA and Childcare Centre Desktop to ensure our *Incident, Injury, Trauma and Illness Policy and Procedure* remains current and compliant. The policy is reviewed at least annually, in consultation with families, staff, educators, and management, to reflect best practices and evolving regulatory requirements. In addition to this, our policies are made readily available to families on our Facebook page and next to our sign in and out register we have a poster with a QR code that links to all of our policies. (Reg 171 & 172)

Links to other policies/ resources

Related Polices	Child Care Centre Desktop Polices
Administration of first aid Administration of medication policy Enrolment and orientation Excursions & Incursion Policy Emergency and Evacuation Policy Dealing with medical conditions Policy Providing a Child safe environment Policy Safe use of digital technologies and online environments Policy Acceptance and refusal of Authorisations Policy	Administration of Medication Form Administration of Paracetamol Record First Aid Checklist Hand Washing Procedure Head Injury Guide and Procedure Illness Management Procedure Illness or Infectious Disease Register Incident, Injury, Trauma or Illness Record Missing Child During Regular Transportation Procedure Missing Child Procedure

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

Record of services' compliance (Reg 167)

Date Created: April 2014

Date Reviewed by Fun 4 U: 19/10/2025

Childcare Centre Desktop Policy Update: September 2025

This Policy Follows ACEQA: Incident, injury, trauma and illness