

Incident, Injury, Trauma and Illness Policy

Policy Statement

The Centre recognises the importance of competent First Aid in the management of injuries and illness, especially among young children. The staff are qualified in First Aid, CPR and trained to deal with asthma and anaphylaxis. Information about children's known medical conditions is readily accessible, as is any medication required to manage those conditions. Fun 4 U 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.

Links Education and Care Centres National Regulations 2018,

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
91	Medical conditions policy provided to parents
92	Medication record
93	Administration of medication
95	Procedure for administration of medication
96	Self-administration of medication
97	Emergency and evacuation procedures
103	Premises, furniture and equipment to be safe, clean and in good repair
104	Fencing
136	First Aid qualifications
146	Nominated supervisor
161	Authorisations to be kept in enrolment record
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

National Quality Standard 2018

Quality Area 2	Children's Health and Safety
	2.1.2, 2.2, 2.2.1, 2.2.2, 2.2.3

Procedure

- 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.
- First Aid kits are located so that educators can readily access them in an emergency. They are clearly labelled and kept out of the reach of children. A portable First Aid kit is available for excursions. The Centre maintains a list of first aid items as recommended by an approved First Aid training provider. The contents of all first aid kits are cleaned, expiry dates checked, and replenished at least once per month. The list is initialed and dated each time the first aid contents are checked.
- CPR posters from recognised authorities are displayed in strategic positions throughout the Centre including the indoor and outdoor play spaces.
- The Centre maintains records of the name, address and telephone number of each child's parents, persons authorised by the parents to consent to medical treatment or ambulance transportation for the child, and the family doctor. The records are reviewed every six months. Parents are required to inform the Centre of any changes to these contact details.
- The Centre maintains Medical Management Plans for children with identified medical conditions. These plans are updated yearly or sooner if a change occurs. With parental consent, copies of each child's Medical Management Plan are displayed in strategic places throughout the Centre, including food preparation and eating areas. With the child's right to privacy in mind, the Plans are not accessible to visitors or other families. The Plans are strictly adhered to in any emergency. Refer to the Centre's *Medical Conditions Policy*.
- 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*.

Incident, Injury, Trauma and Illness Record

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

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 or
- 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

High Temperatures or Fevers

Children get fevers or temperatures for all kinds of reasons. Most fevers and the illnesses that cause them last only a few days. However sometimes a fever will last much longer and might be the sign of an underlying chronic or long-term illness or disease.

Recognised authorities suggest a child's normal temperature will range between 36.0°C and 37.0°C, but this will often depend on the age of the child and the time of day. If 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 be 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 OWINA 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)

- 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)

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)
- 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).

Diarrhoea 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.]

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.

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.

Definition of serious incident

Under the Education and Care Services National Regulations, the approved provider or nominated supervisor must notify the Regulatory Authority of any serious incident that occurs at the OSHC Service within 24 hours via the NQA IT System.

As outlined in Regulation 12, a *serious incident* is defined as any of the following:

(a) The death of a child:

- (i) occurring while the child is being educated and cared for by the Service, or
- (ii) following an incident that took place while the child was being educated and cared for by the Service.

(b) Any incident involving serious injury, trauma, or illness of a child while being educated and cared for by the Service, where:

- (i) a reasonable person would determine that urgent medical attention from a registered medical practitioner was required, or
- (ii) the child attended, or ought reasonably to have attended, a hospital.
Examples include: whooping cough, a broken limb, or an anaphylactic reaction.

(c) Any incident or emergency that required, or should reasonably have required, the attendance of emergency services at the Service premises.
Examples include: a severe asthma attack, seizure, or anaphylaxis.

(d) Any circumstance involving a child being educated and cared for by the Service where the child:

- (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 the regulations, or
- (iii) has been mistakenly locked in or locked out of the Service premises or part of the premises.

All serious incidents must be recorded in an Incident, Injury, Trauma and Illness Record as soon as practicable, and always within 24 hours of the incident. Supporting evidence must be attached to the record where relevant.

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 24 hours 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. 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
- 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

RESOURCES

[beyou Natural Disaster Resource](#)

[Emerging Minds Community Trauma Toolkit](#)

[Common cold fact sheet](#)

[Concussion and mild head injury](#)

[Exclusion for common or concerning conditions](#)

[NSW Health Gastro Pack NSW Health](#)

NSW Health [Stopping the spread of childhood infections factsheet](#).

[Staying healthy- 6th Edition Fact sheets](#)

Time Out Brochure [Why do I need to keep my child at home?](#)

The Sydney Children's Hospitals network (2020). [Fever](#)

Sources

- Australian Children's Education & Care Quality Authority. (2025). [Guide to the National Quality Framework](#)
- Australian Children's Education & Care Quality Authority. 2021. [Policy and Procedure Guidelines. Incident, Injury, Trauma and Illness Guidelines.](#)
- Australian Childhood Foundation. (2010). [Making space for learning: Trauma informed practice in schools:](#)
- 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](#)

Comments:

Date created: June 2015

Last review Date March 2025