

STATEMENT

The health and safety of all staff, children, families and visitors to our Out of School Hours Care (OSHC) Service is of the utmost importance. Kogarah Community Services (KCS) aims to reduce the likelihood of incidents, illness, accidents and trauma through implementing comprehensive risk management, effective hygiene practices and the ongoing professional development of all staff to respond quickly and effectively to any incident or accident.

We acknowledge that in Outside of school hours care services, illness and disease can spread easily from one child to another, even when implementing the recommended hygiene and infection control practices. Our Service aims to minimise illnesses by adhering to all recommended guidelines from relevant government authorities regarding the prevention of infectious diseases and adhere to exclusion periods recommended by public health units.

When groups of children play together and are in new surroundings accidents and illnesses may occur. Our Service is committed to effectively manage our physical environment to allow children to experience challenging situations whilst preventing serious injuries.

In the event of an incident, injury, trauma or illness Educators will implement the guidelines set out in this policy to adhere to National Law and Regulations and inform the Regulatory Authority as required.

PURPOSE

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

SCOPE

This policy applies to incidents involving children attending OSHC.

Exclusions

- Aged Care Consumers - For any incidents involving an Aged Care Consumer, please refer to the Incident & SIRS Management Policy ACP812
- All other KCS Staff, KCS Volunteers/Students and other persons please refer to Incident & Near Miss Policy KCSP048

IMPLEMENTATION

Our OSHC Service implements risk management planning to identify any possible risks and hazards to our learning environment and practices. Where possible, we have eliminated or minimised these risks as is reasonably practicable.

We are committed to minimising the spread of infectious diseases by implementing recommendations provided by the [Australian Government- Department of Health and Safe Work Australia](#).

Our OSHC Service implements procedures as stated in the *Staying healthy: Preventing infectious diseases in early childhood education and care services* (Fifth Edition) developed by the Australian Government National Health and Medical Research Council (NHMRC) as part of our day-to-day operation of the Service.

We are guided by explicit decisions regarding exclusion periods and notification of any infectious disease by the Australian Government- Department of Health and local Public Health Units in our jurisdiction under the Public Health Act.

IDENTIFYING SIGNS AND SYMPTOMS OF ILLNESS

Educators and Management are not doctors and are unable to diagnose an illness or infectious disease. To ensure the symptoms are not infectious and to minimise the spread of an infection, medical advice may be required to ensure a safe and healthy environment.

Recommendations from the [Australian Health Protection Principal Committee](#) and Department of Health will be adhered to to minimise risk where reasonably practicable.

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

- Exclusion of unwell staff, children and visitors (symptoms may include fever, coughing, sore throat, fatigue or shortness of breath);
- notifying vulnerable people within the workplace of the risks of the virus/illness including:
 - people with underlying medical needs
 - children with diagnosed asthma or compromised immune systems
 - Aboriginal and Torres Strait Islander people over the age of 50 with chronic medical conditions
- Restrict the number of visitors entering the Service;
- Request parents to drop off and collect children from designated points outside the Service;
- Reducing mixing of children by separating cohorts (staggering meals and play times);
- Enhanced personal hygiene for children, Educators and parents (including frequent handwashing);
- Full adherence to the NHMRC childcare cleaning guidelines, cleaning and disinfecting high touch surfaces at least daily, washing/disinfecting play items and toys;
- Reviewing appropriateness of excursions and incursions during a pandemic;
- Recommending influenza vaccination for children, Educators and parents.

Children who appear unwell at the OSHC Service will be closely monitored and if any symptoms described below are noticed, or the child is not well enough to participate in normal activities, parents or an emergency contact person will be contacted to collect the child as soon as possible.

A child who is displaying symptoms of a contagious illness or virus (vomiting, diarrhoea, fever) will be moved away from the rest of the group and supervised until he/she is collected by a parent or emergency contact person.

Symptoms indicating illness may include, but not limited to, and be a combination of these:

- Behaviour that is unusual for the individual child;
- High temperature or fevers;
- Loose bowels;
- Faces that are grey, pale or contains blood;
- Vomiting;
- Discharge from the eye or ear;
- Skin that display rashes, blisters, spots, crusty or weeping sores;
- Loss of appetite;
- Dark urine;
- Headaches;
- Stiff muscles or joint pain;
- Continuous scratching of scalp or skin;
- Difficulty in swallowing or complaining of a sore throat;
- Persistent, prolonged or severe coughing;
- Difficulty breathing;
- A stiff neck or sensitivity to light.

For the best interests of the concerned child and other children, KCS 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, or vomiting in the last 24 hours;
- have had diarrhoea in the last 48 hours;
- have been given medication for a temperature prior to arriving at the Service;
- have started a course of anti-biotics in the last 24 hours
- have a contagious or infectious disease or
- have been in close contact with someone who has a positive confirmed case of COVID-19

HIGH TEMPERATURES OR FEVERS

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

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

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

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

If a child becomes ill whilst at the Service, Educators will respond to their individual symptoms of illness and provide comfort and care. Educators will closely monitor the child focusing on how the child looks and behaves and be alert to the possibility of vomiting, coughing or convulsions. The child will be cared for in an area that is separated from other children in the Service to await pick up from their parent/carer with the following in place:

- Educators will closely monitor the child focusing on how the child looks and behaves and be alert to the possibility of vomiting, coughing or convulsions
- Educators will notify parents when a child registers a temperature of 38°C or higher.
- The child will 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/Illness/First Aid Record and note down any other symptoms that may have developed along with the temperature (for example, a rash, vomiting, etc.).

METHODS TO REDUCE A CHILD'S TEMPERATURE OR FEVER

- Encourage the child to drink plenty of water (small sips), unless there are reasons why the child is only allowed limited fluids.
- Remove excessive clothing (shoes, socks, jumpers, pants etc.) Educators will be mindful of cultural beliefs.
- Parents/guardian will be contacted by phone and informed of their child's temperature

DEALING WITH COLDS/FLU (RUNNY NOSE)

It is very difficult to distinguish between the symptoms of COVID-19, influenza and a cold. If any child, employee or visitor has any infectious or respiratory symptoms (such as sore throat, headache, fever, shortness of breath, muscle aches, cough or runny nose) they are requested to stay at home.

Colds are the most common cause of illness in children and adults. There are more than 200 types of viruses that can cause the common cold. Symptoms include a runny or blocked nose, sneezing and coughing, watery eyes, headache, a mild sore throat, and possibly a slight fever.

Nasal discharge may start clear but can become thicker and turn yellow or green over a day or so. Up to a quarter of young children with a cold may have an ear infection as well, but this happens less often as the child grows older. Watch for any new or more severe symptoms—these may indicate other, more serious infections. Infants are protected from colds for about the first 6 months of life by antibodies from their mothers. After this, infants and young children are very susceptible to colds because they are not immune, they have close contact with adults and other children, they cannot practice good personal hygiene, and their smaller nose and ear passages are easily blocked. It is not unusual for children to have five or more colds a year, and children in education and care services may have as many as 8–12 colds a year. As children get older, and as they are exposed to greater numbers of children, they get fewer colds each year because of increased immunity.

Management has the right to send children home if they appear unwell due to a cold or general illness. Children can become distressed and lethargic when unwell. Discharge coming from a child's nose and coughing can lead to germs spreading to other children, educators, toys, and equipment. Management will assess each individual case prior to sending the child home.

DIARRHOEA AND VOMITING (GASTROENTERITIS)

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

If a child has diarrhoea and/or vomiting whilst at the Service, Responsible Person will notify parents or an emergency contact to collect the child immediately. In the event of an outbreak of viral gastroenteritis, Responsible Person will contact the local Public Health Unit on 1300 066 055 (NSW).

Public Health Unit- Local state and territory health departments

Management must document the number of cases, dates of onset, duration of symptoms. An outbreak is when two or more children or staff have a sudden onset of diarrhoea or vomiting in a 2-day period. (NSW Government- Health 2019).

Children that have had diarrhoea and/or vomiting will be asked to stay away from the Service for 48 hours after symptoms have ceased to reduce infection transmission as symptoms can reappear after 24 hours in many instances.

An Incident, Injury, Trauma and Illness record must be completed as per regulations. Notifications for serious illnesses must be lodged with the Regulatory Authority and Public Health Unit.

INFECTIOUS CAUSES OF GASTROENTERITIS INCLUDE:

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

NON-INFECTIOUS CAUSES OF GASTROENTERITIS INCLUDE:

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

The exact cause of infectious diarrhoea can only be diagnosed by laboratory tests of faecal specimens. In mild, uncomplicated cases of diarrhoea, doctors do not routinely conduct faecal testing.

Children with diarrhoea who also vomit or refuse extra fluids should see a doctor. In severe cases, hospitalisation may be needed. The parent and doctor will need to know the details of the child's illness while the child was at the education and care Service.

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

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

PREVENTING THE SPREAD OF ILLNESS

To reduce the transmission of infectious illness, our Service implements effective hygiene and infection control routines and procedures as per the Australian Department of Health. If a child is unwell or displaying symptoms of a cold or flu virus, parents are requested to keep the child away from the Service. Infectious illnesses can be spread quickly from one person to another usually through respiratory droplets or from a child or person touching their own mouth or nose and then touching an object or surface.

PREVENTION STRATEGIES

Practising effective hygiene helps to minimise the risk of cross infection within our OSHC Service.

Signs and posters remind employees and visitors of the risks of infectious diseases, including COVID-19 and the measures necessary to stop the spread.

Educators model good hygiene practices and remind children to cough or sneeze into their elbow or use a disposable tissue and wash their hands with soap and water for at least 20 seconds after touching their mouth, eyes or nose.

Handwashing techniques are practised by all Educators and children routinely using soap and water before and after eating and when using the toilet and drying hands thoroughly with paper towel.

After wiping a child's nose with a tissue, educators will dispose the tissue in a plastic-lined bin and wash their hands thoroughly with soap and water and dry using paper towel.

Parents, families and visitors will have an alcohol-based hand sanitizer available at the sign in and out table to wash their hands upon arrival and departure at the Service or use an alcohol-based hand sanitizer.

PARENT/FAMILY NOTIFICATION

COVID-19

Contact management for COVID-19 has changed due to the Omicron variant and testing and isolation in ECEC settings is no longer mandatory (although recommended).

Any decision to close the Service and other directions will be provided by the PHU and regulatory body. The Approved Provider will notify the Regulatory Authority within 24 hours of any closure due to COVID-19 via the NQA IT System. (Further information regarding COVID-19 is in our COVID-19 Management Policy)

Other Infectious Illness- [gastroenteritis, whooping cough etc.]

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

SERIOUS INJURY, INCIDENT OR TRAUMA

In the event of any child, Educator, staff, volunteer or contractor having an accident at the Service, an Educator who has a first aid certificate will attend to the person immediately. Adequate supervision will be provided to all children.

Any workplace incident, injury or trauma will be investigated, and records kept as per WHS legislation and guidelines. Procedures as per our *Administration of First Aid Policy* will be adhered to by all staff.

INCIDENT, INJURY, TRAUMA AND ILLNESS RECORD

An Incident, Injury, Trauma and Illness record contains details of any incident, injury, trauma or illness that occurs while the child is being educated and cared for at the service. The record will include:

- name and age of the child
- circumstances leading to the incident, injury, illness
- time and date the incident occurred, the injury was received, or the child was subjected to trauma
- details of any illness which becomes apparent while the child is being cared for including any symptoms, time and date of the onset of the illness
- details of the action taken by the educator including any medication administered, first aid provided, or medical professionals contacted
- details of any person who witnessed the incident, injury or trauma
- names of any person the educator notified or attempted to notify, and the time and date of this
- signature of the person making the entry, and the time and date the record was made

Educators are required to complete documentation of any incident, injury or trauma that occurs when a child is being educated and cared for by the OSHC Service. This includes recording incidences of biting, scratching, dental or mouth injury. Due to Confidentiality and Privacy laws, only the name of the child injured will be recorded on the Incident, Injury, Trauma or Illness Record. Any other child/ren involved in the incident will not have their names recorded. If other children are injured or hurt, separate records will be completed for each child involved in the incident. Parents/Authorised Nominee must acknowledge the details contained in the record, sign and date the record on arrival to collect their child. All Incident, Injury, Trauma and Illness Records must be kept until the child is 25 years of age.

DEFINITION OF SERIOUS INCIDENT

The Regulations require KCS or Nominated Supervisor to notify the Regulatory Authority **within 24 hours** of any of the following serious incidents at the Service through the NQA IT System:

- a) The death of a child:
 - (i) While being educated and cared for by an Education and Care Service; or
 - (ii) Following an incident while being educated and cared for by an Education and Care Service.
- b) Any incident involving serious injury or trauma to, or illness of, a child while being educated and cared for by an Education and Care Service, which:
 - (i) A reasonable person would consider required urgent medical attention from a registered medical practitioner; or
 - (ii) For which the child attended, or ought reasonably to have attended, a hospital. For example: whooping cough, broken limb and anaphylaxis reaction.
- c) Any incident or emergency where the attendance of emergency services at the Education and Care Service premises was sought, or ought reasonably to have been sought (e.g.: severe asthma attack, seizure or anaphylaxis).
- d) 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/Illness/First Aid Record* as soon as possible and within 24 hours of the incident, with any evidence attached.

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 OSHC Service in the care of a parent, an authorised nominee named in the child's enrolment record or a person authorised by a parent or authorised nominee or because the child requires medical, hospital or ambulance care or other emergency.

For After School Care, educators will check that all children booked in for a session of care arrives at the expected time. If a child does not arrive at the OSHC Service or nominated collection point, at the expected time educators will follow procedures outlined in the Arrival and Departure Policy and procedure.

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.

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. Therefore, any knock to the head is considered a head injury and should be assessed by a doctor. In the event of any head injury, the First Aid officer will assess the child, administer any urgent First Aid and notify parents/guardians of the head injury sustained by the child.

Emergency services will be contacted immediately on 000 if the child:

- has sustained a head injury involving high speeds or fallen from a height (play equipment)
- loses consciousness
- seems unwell or vomits several times after hitting their head

(see Head Injury Guide and Procedure)

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 war or terrorist attacks. Parental or cultural trauma can also have a traumatising effect on children. This definition firmly places trauma into a developmental context:

"Trauma changes the way children understand their world, the people in it and where they belong." (Australian Childhood Foundation, 2010).

Trauma can disrupt the relationships a child has with their parents, Educators and staff who care for them. It can transform children's language skills, physical and social development and the ability to manage their emotions and behaviour.

Behavioural responses for pre-school aged children and young children who have experienced trauma may include:

- new or increased clingy behaviour such as constantly following a parent, carer or staff around
- anxiety when separated from parents or carers
- new problems with skills like sleeping, eating, going to the toilet and paying attention
- shutting down and withdrawing from everyday experiences
- difficulties enjoying activities
- being jumpier or easily frightened
- physical complaints with no known cause such as stomach pains and headaches
- blaming themselves and thinking the trauma was their fault.

Children who have experienced traumatic events often need help to adjust to the way they are feeling. When parents and Educators take the time to listen, talk, and play they may find children begin to say or show how they are feeling. Providing children with time and space lets them know you are available and care about them.

It is important for educators to be patient when dealing with a child who has experienced a traumatic event. It may take time to understand how to respond to a child's needs and new behaviours before parents, educators and staff are able to work out the best ways to support a child. It is imperative to realise that a child's behaviour may be a response to the traumatic event rather than just 'naughty' or 'difficult' behaviour.

EDUCATORS CAN ASSIST CHILDREN DEALING WITH TRAUMA BY:

- Observing the behaviours and expressed feelings of a child and documenting responses that were most helpful in these situations;
- Creating a 'relaxation' space with familiar and comforting toys and objects children can use when they are having a difficult time;
- Having quiet time such as reading a story about feelings together;
- Trying different types of play that focus on expressing feelings (e.g. drawing, dress-ups and physical games);
- Helping children understand their feelings by using reflecting statements (e.g. 'you look sad/angry right now, I wonder if you need some help?').

There are a number of ways for parents, Educators and staff to reduce their own stress and maintain awareness, so they continue to be effective when offering support to children who have experienced traumatic events.

STRATEGIES TO ASSIST FAMILIES, EDUCATORS AND STAFF TO COPE WITH CHILDREN'S STRESS OR TRAUMA MAY INCLUDE:

- taking time to calm yourself when you have a strong emotional response. This may mean walking away from a situation for a few minutes or handing over to another educator or staff member if possible
- planning ahead with a range of possibilities in case difficult situations occur
- remembering to find ways to look after yourself, even if it is hard to find time or you feel other things are more important. Taking time out helps adults be more available to children when they need support
- using supports available to you within your relationships (e.g., family, friends, colleagues)
- identifying a supportive person to talk to about your experiences. This might be your family doctor or another health professional
- accessing support resources- BeYou, Emerging Minds.

MANAGEMENT/NOMINATED SUPERVISOR/RESPONSIBLE PERSON AND EDUCATORS WILL ENSURE:

- OSHC Service policies and procedures are adhered to at all times;
- each child's enrolment records include authorisations by a parent or person named in the record for the approved provider, nominated supervisor or educator to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and if required, transportation by an ambulance service
- Parents or guardians are notified as soon as practicable and no later than 24 hours of the illness, accident, or trauma occurring;
- parents are advised to keep the child home until they are feeling well, and they have not had any symptoms for at least 24-48 hours
- An Incident/Injury/Trauma/Illness/First Aid Record is completed accurately and in a timely manner as soon after the event as possible (within 24 hours);
- At least one first aid qualified educator is present at all times during the Service's operating hours;
- First aid kits are suitably equipped and checked regularly;
- First aid kits are easily accessible within the Service and during excursions;
- First aid, emergency anaphylaxis management training, and asthma management training is current and updated as required;
- Children and Educators who are ill are excluded for the appropriate period;
- Children are excluded from the Service if staff feel the child is too unwell to attend or is a risk to other children
- Educators who have diarrhea or an infectious disease do not prepare food for others;
- Food safety precautionary measures are in place in preparing and serving food;
- If the incident, situation or event presents imminent or severe risk to the health, safety and wellbeing of any person present at the Service, or if an ambulance was called in response to the emergency (not as a precaution) the Regulatory Authority will be notified within 24 hours of the incident;
- Parents are notified of any infectious diseases in the Service within 24 hours reported to the Service;
- Educators and children practice hand hygiene and cough and sneezing etiquette;
- Appropriate cleaning practices are followed;
- Toys and equipment are cleaned/ disinfected on a regular basis;
- Additional cleaning will be implemented during any outbreak of an infectious illness or virus;
- All illnesses are documented in the Incident/Injury/Trauma/Illness/First Aid Record.
- information regarding the health and wellbeing of a child or staff member is not shared with others unless consent has been provided, in writing, or provided the disclosure is required or authorised by law under relevant state/territory legislation (including Child Information Sharing Scheme [CISS] or the Family Violence Information Sharing Scheme [FVISS] for Victorian services).

FAMILIES WILL:

- provide authorisation in the child's enrolment record for the approved provider, nominated supervisor or educator to seek medical treatment from a medical practitioner, hospital or ambulance service and if required, transportation by ambulance service
- Provide up-to-date medical and contact information in case of an emergency;
- Provide emergency contact details and ensure details are kept up to date
- Provide the OSHC Service with all relevant medical information, including GP's contact details, Medicare and Ambulance Cover Number;
- Provide a copy of their child's Medical Management Plans and update annually or whenever medication/medical needs change;
- Pick up the child as soon as possible by themselves or an authorised person when the child is unwell and unsuitable to be cared by the Service;
- Adhere to recommended periods of exclusion if their child has a virus or infectious illness.
- complete documentation as requested by the educator and/or approved provider- Incident, Injury, Trauma and Illness record and acknowledge that they were made aware of the incident, injury, trauma or illness
- inform the Service if their child has an infectious disease or illness
- provide evidence as required from doctors or specialists that the child is fit to return to care if required
- provide written consent for educators to administer first aid and call an ambulance if required (as per enrolment record)
- complete and acknowledge details in the Administration of Medication Record if required.

CONTINUOUS IMPROVEMENT/REFLECTION

The Incident, Injury, Trauma & Illness Policy will be reviewed on an annual basis in conjunction with children, families, staff, educators and management.

COMPLIANCE

NATIONAL QUALITY STANDARD (NQS)		
QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazards.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
2.2.3	Child protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

CHILDREN (EDUCATION AND CARE SERVICES) NATIONAL LAW NSW	
Sec.165	Offence to inadequately supervise children
Sec. 174(2)(a)	Prescribed information to be notified to Regulatory Authority
Sec.176(2)(a)	Time to notify certain information to Regulatory Authority
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record

88	Infectious diseases
89	First aid kits
93	Administration of medication
95	Procedure for administration of medication
97	Emergency and evacuation procedures
103	Premises, furniture and equipment to be safe, clean and in good repair
104	Fencing
117	Glass
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
177	Prescribed enrolment and other documents to be kept by approved provider
183	Storage of records and other documents

RELATED POLICIES

- Incident & Near Miss Management KCSP048
- Incident & SIRS Management ACP812
- Administration of First Aid Policy
- Administration of Medication Policy
- Anaphylaxis Management Policy
- Asthma Management Policy
- Child Safe Environment Policy
- Control of Infectious Disease Policy
- COVID-19 Management Policy
- Diabetes Management Policy
- Enrolment Policy
- Epilepsy Policy
- Family Communication Policy
- Handwashing Policy
- Health and Safety Policy
- Immunisation Policy
- Medical Conditions Policy
- Privacy and Confidentiality Policy
- Record Keeping and Retention Policy
- Safe Transportation Policy
- Sick Children Policy
- Work Health and Safety Policy

RESOURCE:

- [Fever in children- \(health direct.gov.au\)](https://www.healthdirect.gov.au/fever-in-children)
- Staying Healthy: Preventing infectious diseases in early childhood education and care services
- [Recommended exclusion periods- Poster](#)
- [Stopping the spread of childhood infections \(NSW Health\)](#)
- [Minimum periods for exclusion from childcare services \(Victoria\)](#)

SOURCE

- Australian Children's Education & Care Quality Authority. (2014).
- Australian Children's Education & Care Quality Authority (ACECQA). 2020. Policy and Procedure Guidelines. Incident, Injury, Trauma and Illness Guidelines.
- Australian Childhood Foundation. (2010). Making space for learning: Trauma informed practice in schools: <https://www.theactgroup.com.au/documents/makingspaceforlearning-traumainschools.pdf>
- Australian Government Department of Education, Skills and Employment Belonging, Being and Becoming: The Early Years Learning Framework for Australia. (2009).
- Australian Government Department of Health Health Topics <https://www.health.gov.au/health-topics>
- Beyond Blue: <https://beyou.edu.au/resources/news/covid-19-supporting-schools>
- BeYou (2020) Bushfires response <https://beyou.edu.au/bushfires-response>
- Early Childhood Australia Code of Ethics. (2016).
- Education and Care Services National Law Act 2010. (Amended 2018).
- [Education and Care Services National Regulations](#). (2011)
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).
- Guide to the National Quality Standard. (2020)
- Health Direct <https://www.healthdirect.gov.au/>
- National Health and Medical Research Council. (2012). Staying healthy: Preventing infectious diseases in early childhood education and care services. Fifth Edition (updated 2013).
- NSW Public Health Unit: <https://www.health.nsw.gov.au/Infectious/Pages/phus.aspx>
- Policy Development in early childhood setting
- Raising Children Network: <https://raisingchildren.net.au/guides/a-z-health-reference/fever>
- Revised National Quality Standard. (2018).

RECORD OF REVISIONS

Unless the Policy specifically states otherwise, the Policy does not form part of your employment agreement with KCS. KCS may unilaterally vary, remove or replace this Policy at any time. To the extent that this Policy imposes any obligations on KCS and/or purports to provide any right or benefit to you, those obligations are not contractual and do not give rise to any contractual rights. The Employee is required to be familiar with the content of the Policy and comply with the terms at all times.

File Reference	CSP024 – Incident, Injury, Trauma & Illness				
Date Created	October 2021	Created By	Jordan Ross	Responsible	Children's Services Manager

Version Number	Modified or Reviewed by	Modifications Made/Notes	Date	STATUS (Internal, External, Archived)
V1	OM	Compliance with NQF & Rebrand	January 2016	External
V2	TT	Incorporating Childcare Desktop template and update changes	November 2020	External
V3	MT	Content Review	24/11/20	External
V4	JR	<ul style="list-style-type: none"> • Content Review • Format Change • Policy title changed to align with Regulations 85-87 • additional sections added for Head Injuries and Missing or unaccounted children 	October 2021	External

INCIDENT, INJURY, TRAUMA & ILLNESS

Children's Services Policy



V4	MT	Content review and formatting, approved	24/11/2021	External
V5	JR	<ul style="list-style-type: none"> • updated information re: COVID-19 • updated Parent/Family notification for positive COVID-19 • broken links repaired in sources 	21/02/2023	External