



bookings@tpsoosh.com.au
(02) 9144 4769

Incident, Injury, Trauma and Illness

Policy Statement

South Turrumurra OOSH (OOSH/service) believes that the safety, wellbeing and best interests of the children who attend OOSH is paramount. In the event of an incident that results in injury or trauma, or a child becomes ill or is unwell while attending South Turrumurra OOSH, the Nominated Supervisor along with educators and volunteers will follow the procedures contained in this policy.

In adherence with regulations 12 and 176, any serious incident that occurs within the operating hours of South Turrumurra OOSH will be reported within the prescribed times listed within this policy.

Legislative Requirements

- Education and Care Services National Law Act 2010: 165, 167, 174, 174A
- Education and Care Services National Regulations 2011: 12, 85, 86, 87, 89, 92, 94, 95, 103, 104, 136, 161, 168 (2) (b), 170, 171, 172, 176, 177, 183
- Disability Discrimination Act Federal 1992
- NSW Anti-discrimination Act 1977
- Work Health and Safety Act 2011

Definitions

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.

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.

Approved First Aid Qualification

- A qualification that includes training in the matters set out below, that relates to and is appropriate to children and has been approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website.

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.

Emergency Services

- Includes ambulance, fire brigade, police and state emergency services.

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: acecqa.gov.au/qualifications/requirements/first-aid-qualifications-training

Hazard

- A source of potential harm or a situation that could cause or lead to harm to people or property. Work hazards can be physical, chemical, biological, mechanical or psychological.

Injury

- Any physical damage to the body caused by violence or an incident.

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.

Medical Attention

- Includes a visit to a registered medical practitioner or attendance at a hospital.

Medical Emergency

- An injury or illness that is acute and poses an immediate risk to a person's life or long-term health.

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.

Minor Incident

- An incident that results in an injury that is small and does not require medical attention.

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. The regulatory authority can be notified online through the NQA IT System.

Serious Incident

- For the purposes of the definition of serious incident in section 5(1) of the Law, 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.

Trauma

- Is when a child feels intensely threatened by an event he or she is involved in or witnesses.

Implementation Strategies – how will it be done?

The Approved Provider/Nominated Supervisor will:

- ensure that an **enrolment record is kept for each child** which contains all the prescribed information.
- **confidentially store an incident, injury, trauma and illness record until the child is 25 years old** or, in the case of **records related to child abuse, for at least 45 years**.
- **record information** as soon as possible, and **within 24 hours**, after the incident, injury, trauma or illness.
- **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** online using the NQAITS - SI01 Notification of Serious Incident record.
- 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.
- **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.

Educators and Staff will:

- **record information as soon as possible**, and within 24 hours after the incident, injury, trauma or illness.
- **seek further medical attention if required** after the incident, injury, trauma or illness.
- ensure that **two people are present at any time medication is administered** to children.
- **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** when required.
- **keep Incident, Injury, Trauma and Illness Records confidential** and store until the child is 25 years old or, in the case of **records related to child abuse, for at least 45 years**.

Procedures

Parent/Guardian Responsibilities

- Families are required to provide consent at enrollment for educators to, if required, seek medical attention and ambulance transportation for their child(ren).
- Families are required to provide a Medical Management Plan and/or Action Plan if relevant to the child (Refer to *Dealing with Medical Conditions in Children policy* and *Administration of Medication procedure in Health and Safety policy*).
- Families are requested to provide details of their preferred doctor and/or dentist during enrolment.
- Families are required to provide at least two contact numbers in case of an emergency or accident.
- Families are required to keep their children at home if it is known that their child is unwell.
- Families are required to pick their children up from OOSH if they become unwell while at OOSH.

Incident or Injury

First Aid Qualifications and Equipment

- At South Turrumurra OOSH, all staff members are regularly trained in first aid, asthma and anaphylaxis management. Copies of all staff's qualifications and certificates are kept digitally, with a record of when they expire and require updating in SocialSchedules.
- Staff positioned on the 'Climbers' play equipment, located on the other side of the oval to the OOSH rooms, carry a basic first aid bumbag, EpiPen and Ventolin with disposable spacer when supervising outdoors. Bumbags are checked regularly, against a first aid checklist to ensure stock is up to date and maintained.
- A 'First Aid' educator is rostered on every session to ensure children's first aid can be administered immediately and without compromising our active supervision on the floor.
- Both First aid backpacks used for excursions and emergency evacuations, contain a list of all children with a medical condition requiring treatment with an EpiPen, antihistamine or Ventolin.
- A fully stocked and updated first aid supplies are always kept in a designated and well signed place inside the OOSH premises. This kit contains spare EpiPens, provided by OOSH and replaced when expired. The first aid kit is easily accessible by all staff and volunteers.
- Prescribed medication provided by individual families for anaphylaxis, asthma and other medical conditions are kept in labeled draws in the first aid area, clearly labelled with relevant action plans for staff reference.
- All medications and their expiry dates are recorded to ensure medication is kept up to date.
- Cold packs are kept in the freezer for treatment of bruising, bumps and scrapes. Cold packs are placed in a cotton pouch or covered with a disposable towel before use. Cotton pouches are put through the washing machine after each use and cold packs are cleaned in warm, soapy water regularly.
- A hazardous waste bin is kept in the first aid area for disposing of blood and bodily fluids. A sharp/dangerous objects bin is kept there also.
- A first aid stock inventory is taken at the end of each term and stock is replenished as required.
- During staff induction, all new staff are shown the location and contents of all first aid equipment.
- Telephone numbers of emergency contacts, Child Protection Hotline and Poisons Hotline is located on the notice board in the office.

In the case of a minor incident, first aid trained staff will:

- Reassure the child.
- Assess the injury.
- Attend to the injured child and apply the required first aid, within the capabilities of their training.
- Supervise the injured child until they recover or are signed out by a parent/guardian, or a person authorised to collect.
- Ensure that disposable gloves are used when contact with blood or bodily fluids is a possibility.

- Ensure that all blood or bodily fluids are cleaned up and disposed of in the hazards bin as per South Turrumurra OOSH's *Dealing with Infectious Diseases policy*.
- Ensure that anyone who has come in contact with any blood or fluids washes their hands and any other affected area thoroughly, with soap and warm water.
- Record the incident and treatment given by completing our Incident Record which notes the following:
 - Name and DOB of the child.
 - Date and time and location of the injury.
 - The circumstances surrounding and nature of the injury.
 - Any first aid or medication that was administered and the time it was administered.
 - Any medical personnel contacted.
 - Details of anyone who witnessed the injury.
 - Time and date of the notifications/attempted notifications to parents, coordinators and other authorities.
 - The name and signature of the person making the entry in the record, and the time and date the entry was made.
- Parents/guardians will sight and sign the incident form as soon as possible. The form is saved digitally, and a copy is available for the parents to view and reference in their parent app.
- Where a South Turrumurra OOSH educator has had to administer first aid and the incident is deemed serious (as per Regulation 12), the nominated supervisor will ensure the following process is followed.

If an injury is deemed serious, staff will:

- Assess the injury and decide whether the injured person needs to be attended to by a doctor or whether an ambulance should be called.
- The Nominated Supervisor must be notified immediately, and the Approved Provider (management committee) will be advised.
- In the case of a serious injury, the first priority is to seek immediate medical attention. Families or emergency contacts should be notified as soon as is practical. Any difficulty reaching emergency contacts should not delay the organisation of medical treatment.
- The staff members will continue to attend to the injured person and apply first aid as required and in line with training received.
- Staff will ensure that disposable gloves are used for any contact with blood or bodily fluids as per the *Dealing with Infectious Diseases policy*.
- The staff member administering first aid will stay with the injured person until suitable help arrives.
- Staff will comfort and reassure the child and assure them that their families have been called.
- If an ambulance is required and the child is taken to hospital before a parent/guardian arrives, a staff member will accompany the child and take the child's enrolment form and Incident Record/notes with them. Any relevant Medical Management Plans or Action Plans should also be taken.
- Notify the Regulatory Authority of a serious incident online using the NQAITS - SIO1 Notification of Serious Incident record within 24 hours.
- The completed Incident, injury, trauma and illness Records are to be filled into appropriate digital folders for storing as per Regulation 177.

In the case of a head injury, staff will:

- In instances where a head injury has occurred, parents will be notified.
- Pain-relieving medication will not be administered; parents will be made aware that this may mask other symptoms.
- Medical attention will be sought, as necessary. Natural methods to reduce bumps and headaches will be used e.g. ice packs, laying the child down somewhere comfortable.

Death of a child

- Educators at South Turrumurra OOSH must be prepared to manage all incidents in a professional and sensitive matter. In the event of a tragic circumstance such as the death of a child, the educators will follow the guidelines as set out below to minimise trauma to children and other educators at OOSH.
- The Coordinator/Nominated Supervisor will notify the family or emergency contact person that a serious incident has occurred and advise them to contact the relevant medical agency. Only a qualified medical practitioner can declare that a person is deceased, therefore staff should ensure the parents are only advised that the injury is serious and refer them to the medical agency (i.e. hospital) where the child has been taken.
- This information should be provided in a calm and sensitive manner.
- The site of the incident should be preserved. Educators should not clean, tidy, remove blood or fluids or otherwise interfere with the site, and prevent others doing so, until police have advised that cleaning can occur.
- All other children should be removed from the scene and if necessary, parents contacted for early collection of children. The children should be reassured and notified only that a serious incident has occurred.
- The Coordinator/Nominated Supervisor will contact the school to liaise with them regarding the school's response to the event.
- The Nominated Supervisor must also contact the NSW Regulatory Authority as soon as possible and within 24 hours to report the incident. The school and any supporting networks should be contacted to seek additional support, resources or advice.

Reporting of a Serious Incident, Injury or Trauma

- All serious incidents, injuries or trauma will be recorded within 24 hours of the event occurring. The child's family or emergency contact must be notified of any accident or injury that has occurred to the child as soon as possible.
- All serious incident, injury, illness and traumas (including death) to a child must be reported to the following agencies (depending on the incident):
 - Ambulance
 - Police
 - Regulatory Authority
 - Parent/Guardian or Emergency Contact
 - School Principal
 - Approved Provider
- The Nominated Supervisor is responsible for ensuring that, in the event of a serious incident, the Regulatory Authority is advised in writing using designated forms downloadable from the website (Notification of Serious incident form S101). The Approved Provider (President of the Parent Committee) will also be notified within 24 hours along with the School Principal.
- It may not be until sometime after the incident that it becomes apparent that an incident was serious. If that occurs, the Nominated Supervisor must notify the Regulatory Authority within 24 hours of becoming aware that the incident was serious.
- All Incident, injury, trauma and illness records are filed and kept by South Turrumurra OOSH until the child turns 25, or in the case of records related to child abuse, for at least 45 years.
- If related to the death of a child, the record must be kept for 7 years. These records are kept digitally.

Illness

- Families are advised upon enrolment and in regular reminders not to bring sick children to OOSH and to arrange prompt collection of children who are unwell.

- If a child becomes ill at OOSH, all care and consideration will be given to comfort the child and minimise the risk of cross infection until the child is collected by the family/emergency contact.
- A child or adult will be considered sick if he/she:
 - sleeps at unusual times, or is lethargic.
 - has a fever over **38°C**.
 - is crying constantly from discomfort.
 - vomits or diarrhea.
 - needs constant one-to-one care.
 - have symptoms of an infectious disease.
 - has had a reaction to an allergen.
- If a child becomes ill at South Turramurra OOSH, the parents/guardians will be contacted to take the child home. Where the family is unavailable, emergency contacts will be called to ensure the child is removed from OOSH promptly.
- The child who is ill will be comforted, cared for and placed in a quiet isolated area with adult supervision until the child's family or other authorised adults take them home.
- For a child with fever (temperature 38°C or higher), methods will be employed to bring the child's temperature down until the family arrives or help is sought. Such methods include removing excess clothing as requires, giving clear fluids and making the child comfortable until they go home.
- If a child's temperature is **38°C** or higher, educators will contact parents via phone to collect their child from OOSH immediately.
- A child cannot be administered Panadol/paracetamol or any other type of medication without a medical plan in place with a Medical Administration form completed to assist with managing the specific medical condition. The Panadol/paracetamol or fever-relieving medicine must be supplied by the family in the original packaging with child's name and dosage recorded on the label. This medication can be kept along with the plan at South Turramurra OOSH (Regulation 92). Parents will still be called to collect the child, and if their condition does not change, an ambulance may be called.
- If temperature reaches **39°C** and cannot be brought down without the use of fever-relieving medication and their family cannot be contacted, the situation will be deemed serious, and an ambulance will be called for the child.
- If an educator becomes ill or develops symptoms at OOSH, they can return home if able or the Nominated Supervisor/Responsible Person will organise an emergency contact to collect them. The Nominated Supervisor/Responsible Person will organise a suitable staff replacement as soon as possible, if required.

Notifying Families of Infectious Diseases or Contagious Illness

- In the event of an outbreak of an infectious disease or contagious illness, families will be informed verbally, by placing a notice on or near the front door of the OOSH premises and via Xplor Comms. The ill child(ren)'s name(s) will not be revealed.
- Educators will complete the Incident, Injury, Trauma, or Illness Record and this will be stored according to regulatory requirements.
- Educators will ensure confidentiality of any personal or health-related information related to any child or family.
- The Coordinator/Nominated Supervisor will check against the immunisation records for each child to see if any may need to be excluded in the event of an outbreak of a vaccine preventable disease.
- Parents will be informed that minimum exclusion periods are to be adhered to as per the *Dealing with Infectious Diseases policy*.

Reporting outbreaks to the Public Health Unit

- Outbreaks of communicable diseases and contagious viruses represent a threat to public health.

- The Public Health Act 2010 lawfully requires and authorises doctors, hospitals, laboratories, school principals and Education and Care Services Nominated Supervisors to confidentially notify [NSW Health](#) of patients with certain conditions and to provide the required information on the notification forms.
- Specialist trained public health staff review this information and if necessary, contact the patient's doctor, and sometimes the patient, to provide advice about disease control and to complete the collection of information.
- All information is held confidentially to protect the patient's privacy. Both the NSW and Commonwealth Privacy Acts only release/disclose patient information where it is lawfully required or authorised.
- The Coordinator/Nominated Supervisor is required to notify the local [Public Health Unit](#) (PHU) by phone (call 1300 066 055) as soon as possible after they are made aware that a child enrolled in the program is suffering from one of the following diseases:
 - a confirmed case of COVID-19
 - diphtheria
 - mumps
 - poliomyelitis
 - haemophilus influenza Type b (Hib)
 - meningococcal disease
 - rubella ('German measles')
 - measles
 - pertussis ('whooping cough')
 - tetanus
 - an outbreak of two or more people with gastroenteritis *A gastro outbreak occurs when 2 or more children or staff have a sudden onset of vomiting or diarrhoea in 2 days*.
 - chicken pox (varicella)
- Management will closely monitor health alerts and follow guidelines from Public Health Units and the Australian Government - Department of Health for any advice and emergency health management relating to all other contagious illnesses and or outbreaks.

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.
- Trauma can be seen as a continuum, including a range of impacts that can affect the child in different ways based on factors like the nature of the trauma, the age of the child, and the time that has passed.
- Trauma affects everyone differently and there are different categories of trauma. Trauma is not always an event itself, but rather the effect the traumatic event can have on emotional, social, physical and psychological development.

When a child displays signs of, or experiences Trauma

The educator will:

- observe the behaviours and expressed feelings of a child and document responses that were most helpful in the situation.
- reassure and comfort the child:
 - listen to children's questions or concerns but also be on the lookout for what their behaviours are showing.
 - provide as safe an environment as possible, both physically and emotionally.
 - try different types of play that focus on expressing feelings, e.g. drawing, playing with play dough, dress-ups and physical activity.
 - support the child to feel connected to familiar people, places or objects as much as you can.
 - help the child to understand their feelings by using reflecting statements e.g. 'you look sad/angry right now, I wonder if you need some help?'

- check for signs of shock. If the child has pale or clammy skin, a weak or rapid pulse or dizziness, or if they can't respond to you, this is shock. Shock can be caused by injury or sudden fright.
- if the child has signs of shock and is injured call an ambulance on 000.
- keep the child warm and dry.
- find a safe and secure space for the child, away from the traumatic event and triggers, if possible. For young children, a supervised area to play games, draw and read might help when they're ready. For older children and teenagers, it could be an area where they can listen to music or use a safe device.
- if the child is distressed and unable to be comforted, contact the parents or authorised nominee for the child and outline the signs and symptoms observed:
 - speak to the Coordinator/Nominated Supervisor for guidance.
 - request that the child is collected from OOSH if the child is not well enough to participate in the program.
- ensure that the Incident, injury, trauma, and illness record is completed as soon as is practicable and within 24 hours of the occurrence.
- talk with the parents, Coordinator/Nominated Supervisor, or other relevant agencies to develop strategies for trauma-informed practice to support the child.
- document any concerns and follow the *Providing a Child Safe Environment policy* for reporting to the Department of Communities and Justice if the child is at risk of significant harm.

Absent and Missing Children

- South Turrumurra OOSH holds a duty of care for every child from when they are signed into a session, until they are signed out by an authorised person.
- Parents are required to notify South Turrumurra OOSH via the Xplor Home app, phone or email as soon as possible if their child will be absent from an afternoon session. This absence will be submitted digitally on the Xplor Master Roll.
- If parents fail to notify OOSH by 3pm that their child will be absent for an afternoon session, a finder fee will be added to their account in accordance with the *Payment of Fees policy*.
- Parents will be informed of their responsibility of notifying South Turrumurra OOSH if their child is absent via the parent handbook during enrolment and *Delivery and Collection of Children policy*.
- Should a child not arrive at the OOSH premises when expected, staff will complete the following steps:
 - Call 'Announcements' and roll call all missing children. Sign in any outstanding children who are present but forgot to sign in.
 - Radio staff to confirm if the missing child has been seen. If a staff member can see the missing child, the child will be sent inside to confirm with office staff that they are safe and present at OOSH.
 - Staff will contact the parents of the child via mobile to confirm that the child will be absent from the afternoon session. If the parent/Guardian does not answer the phone, a voice message will be left and a text message will be sent from the OOSH mobile requesting that the parent/guardian contact OOSH to confirm their child's whereabouts.
 - Staff will check the Turrumurra Public School daily absent roll to see if the child was absent or sent home from school early. If the child is on the school absent list, the parent will be sent a text message to notify them that we have been notified of the absence via the school absence list and to request they confirm the absence asap.
 - The 'Shepherd' educator will check the infant school area and other school drop off and pick up points to make sure the child is not waiting unattended. The 'Lessons' educator will check all extra-curricular classes for the child.
 - If staff have been unsuccessful in their attempts to contact both parents/guardians by 3:45pm, the staff member will attempt to contact other members of that child's emergency contact list (authorised nominees).
 - If the child's whereabouts have not been confirmed by 4pm, or if successful contact has been made with the parent/guardian and they have confirmed the child should be in OOSH care search parties will be sent out.

- Staff will look up the child's address and, whilst remaining in ratio at OOSH, spare staff members will follow multiple routes to their house, to locate the child.
- If search parties are unsuccessful in locating the missing child and an authorised collector cannot be contacted by 4:15pm, police may be contacted to notify them of the missing child.
- If the police have been contacted about a missing child, an incident report will be completed and made in the NQA ITS Portal within 24 hours of the incident.

Preventing Incident, Injury, Trauma and Illness

Reducing the Risk of Children Experiencing Incident, Injury, Trauma, or Illness

- The Approved Provider will clearly define the responsibilities of everyone who has a role in ensuring the welfare of children.
- The Coordinator/Nominated Supervisor will ensure educators, staff, volunteers, students, and families understand and implement our policies and procedures.
- The Coordinator/Nominated Supervisor will ensure systems are in place for clear communication and these are explained to each educator, staff member, volunteer, and student, during induction.
- Educators and staff are to implement the procedures for managing incidents, injuries, trauma, and illness, including for administering medication and reporting illnesses, health conditions and infectious diseases.
- The Coordinator/Nominated Supervisor and educators should collaborate with families and the community when making decisions about how to keep children safe while they are at OOSH.

Risk Assessments

- Regular risk assessments will be conducted and documented in line with our obligations under the National Regulations, including approaches taken to minimise risk.
- Risk assessments are conducted for:
 - physical environments including play equipment, play spaces and experiences offered to children.
 - online environments.
 - sleep and rest.
 - travelling between education and care services.
 - transportation.
 - excursions and regular outings.
 - emergency management and evacuation procedures.
 - our normal program of activities.
 - high risk activities.
 - a review of practices following an incident, injury, trauma, or illness, or if there is a complaint, disclosure, or suspicion that a child has been harmed, abused, or neglected in our care.

Supervision Requirements

- Effective and adequate supervision strategies, supervision plans, head counts and ratio checks are implemented throughout each session.
- Supervision techniques form part of South Turrumurra OOSH educator's appraisals and mentoring.
- Supervision techniques are to be included on the agenda and routinely discussed at staff meetings.
- Staff are regularly trained in Active Supervision Techniques.
- 'Flight Risk' and additional needs children are highlighted at daily staff meetings.
- New Kindergarten children wear fluorescent bibs for the first 3 terms of school.
- All children wear distinguishing shirts/bibs on excursions and during offsite transportation.

Infection Control

- Educators and staff implement sound infection control and hygiene processes throughout the day and model/intentionally teach these practices to children.
- The Coordinator/Nominated Supervisor will reflect on infection control processes following any incident, injury, or illness.

- Educators and staff are aware of the signs of illness and are aware of their responsibilities and the procedures.
- South Turrumurra OOSH ensures that each child has provided an up-to-date immunisation record. The Coordinator/Nominated Supervisor includes regular audits of the immunisation status of children as part of their responsibilities.
- Educators and staff practise effective hygiene to minimise the risk of cross infection.
- Signage reminds employees and visitors of the risks of infectious diseases, including COVID-19 and the measures necessary to stop the spread.
- Handwashing techniques are practised by all educators and children routinely use hand sanitiser/soap and water before and after eating and after using the toilet and dry hands thoroughly with disposable paper towel.
- All surfaces including soft furnishings (pillows, mat, cushion) used by a child who is unwell, will be cleaned with soap and water and then disinfected.

References and Related Policies and Procedures

References

- Australian Children’s Education and Care Quality Authority (ACECQA) www.acecqa.gov.au
- ACECQA – Guide to the National Quality Framework <https://www.acecqa.gov.au/national-quality-framework/guide-nqf>
- ACECQA Sample forms and templates, Incident, injury, trauma and illness record www.acecqa.gov.au/resources/applications/sample-forms-and-templates
- NHMRC Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th ed.) <https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services>
- Surf Life Saving Australia <https://sls.com.au/>

Related Policies and Procedures

- Enrolment and Orientation
- Providing a Child Safe Environment
- Dealing with Medical Conditions in Children
- Emergency and Evacuation
- Excursions & Transportation
- Health & Safety
- Acceptance and Refusal of Authorisations
- Dealing with Infectious Diseases

Approval and Revision History

Review Date	Reviewed By	Approved By	Next Review
18/07/20	Amy Kitto	Scott Everard	July 2021
04/08/21	Scott Everard	Anna Tran	Aug 2022
15/07/22	Scott Everard	Courtney Sparkes	July 2023
01/07/23	Amy Kitto	Scott Everard	July 2024
10/07/24	Amy Kitto	Scott Everard	July 2024
30/07/24	CELA	Scott Everard	July 2025
13/01/26	Hannah Field	Scott Everard	January 2027