

# Our Lady of Hope Greenwith Campus Outside School Hours Care



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## POLICY AND PROCEDURE DOCUMENT

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### RESPONDING TO INCIDENT, INJURY, TRAUMA AND ILLNESS

# Our Lady of Hope Greenwith Campus Outside School Hours Care

## Responding to Incident, Injury, Trauma and Illness Policy

### Policy statement

We believe children are capable and competent, are motivated to search for knowledge, and to wonder and explore with one another how their world works. To support this, we aim to create environments that inspire learning, support imagination and play and nurture children's connection to nature and others. We also aim to ensure our environments are safe and protect and promote children's health safety and wellbeing.

Catholic Education South Australia is committed to the safeguarding of children and young people in our care. We believe that each child and young person is created in the image of God, and we uphold their dignity and rights by maintaining a child safe culture and environment, in which abuse is not tolerated. Our policies and processes, including this Responding to incident injury, trauma and illness policy, ensure that we are doing all that we can to ensure children and young people are protected from risks of harm.

### Why this policy is needed [Regulations 85, 168 and 170]

The National Law requires us to 'ensure that every reasonable precaution is taken to protect children... from harm and from any hazard likely to cause injury' or other harm (Section 167).

This policy explains what we, at Our Lady of Hope Greenwith Campus OSHC, do to make our service physically and emotionally safe for children and explains how we respond if a child is injured, experiences trauma or falls ill while in our care.

The policy is mandated under the Education and Care Services National Law, 2010 (Cth) and Education and Care Services National Regulations, which require approved providers and their services to have policies and procedures for managing injury, trauma and illness.

### Who this policy is for

At Our Lady of Hope Greenwith Campus OSHC all staff/educators have a role to play in creating safe environments that protect and promote children's learning, health and wellbeing. The Principal of Our Lady of Hope Catholic school has the delegated authority for the approval of the Responding to incident injury, trauma and illness policy.

### How this policy relates to *children*

Children need:

- A safe stimulating and inclusive environment with a wide range of experiences.
- Environments in which they can engage in safely to promote their learning, health and wellbeing and the learning, health and wellbeing of other children.
- Appropriate and active supervision at all times to ensure their safety, health and wellbeing.

### How this policy relates to *parents/guardians*

Parents/Guardians need:

- To have access to the 'Responding to incident, injury, trauma and illness policy'
- To safeguard their child's health and wellbeing, and the health and wellbeing of other children and our staff by following the illness protocols explained in this policy
- To be given documented information about their child in regard to any incident, injury, trauma and/or illness within 24 hours of occurrence

## **How this policy relates to *educators/staff***

Educators/Staff need:

- To read, understand, comply with and implement the 'Responding to incident, injury, trauma and illness policy'. (All legislative requirements must be met to ensure that the health, safety and wellbeing of all children is paramount).
- To effectively manage incidents, injury, trauma and children's illnesses. This includes responding promptly and appropriately in regard to the particular incident, injury, trauma and/or illness.
- To identify, where appropriate, risk minimisation strategies that can be implemented to further protect children from harm and/or hazards.
- To complete any documentation and/or reporting as required by the National Law and National Regulations and/or CESA requirements.

## **How this policy relates to *management - e.g. approved provider/ nominated supervisor/ service director***

Management (including CESA Early Years, nominated supervisors and service leadership) need:

- To ensure all educators/staff comply with all the legislative requirements/obligations in relation to responding to injuries, trauma and illness to protect all children's safety, health and wellbeing. (Specifically, to ensure every reasonable precaution is taken to protect children from harm and any hazard likely to cause further injury.)
- The Nominated Supervisor and Service leadership to ensure that completed copies of documentation such as injury/Illness/trauma report forms and Notifications to CESA (SPL and OSHC & Preschool Compliance Officer) and the ESB will be done promptly, enabling the legislated timeframes to be met.
- Leadership and/or staff to ensure that parents are advised of any incidents/injuries, illness and trauma that occurs involving their child at the education and care service to ensure that educators/staff and parents/guardians are provided with or have access to the service's 'Responding to Incident, injury, trauma and illness policy'.

## **How the policy will be implemented** [Regulations 85,171 & 173; NQF 2.1.2, 2.2.2]

It is the responsibility of all educators/staff to take reasonable care to protect children from foreseeable risk of harm, injury and infection. Together, educators/staff work to:

- understand the likelihood and potential severity of harm in a situation
- mitigate hazards without unnecessarily limiting risk and challenge from learning environments
- respond appropriately when a child is experiencing an injury
- respond to keep children safe.

## **Prevention Strategies**

We actively mitigate risk to protect children from harm and hazards when they are attending the service.

**The learning program** (Framework for School Age Care)

- supports children to understand 'risky' play, including how to assess risk and take appropriate risks when learning and at play
- supports children's social and emotional wellbeing development
- regularly discusses health and safety practices

## **Communication with families**

We communicate with families about our health and safety practices in a range of ways. These may include social media, media platforms such as See Saw, Xplor communication system, email and face to face conversation.

## **Risk assessments** [National Law Section 167, Regulations 103-110, 113-115, 117, 168 & 170. NQF 3.1.2]

Regular risk assessments are conducted to identify hazards and minimise risks by mitigating hazards and/or updating our practices. Completed risk assessments are approved by our nominated supervisor (e.g. Principal).

- Risk assessments are developed for: environments indoor and outdoor to ensure they are safe, hygienic and in good repair to minimise hazard and risk of harm. This may include, but is not limited to, risk assessments for the nature play space, water play, sleep spaces, use of the kitchen area and/or movement between spaces.
- We are proactive in responding to identified hazards; for example, removing physical hazards, rearranging layout, and/or installing safety equipment and practicing emergency evacuation procedures.

As well as regular assessments (this could be a daily checklist), risk assessments may be undertaken after incidents of injury, and serious illness as part of the continuous improvement of the service, for the safety, health and wellbeing of children, staff, families and community. [see 'Supporting Information: Risk assessment resource']

## **Staff learning and training**

Staff are supported to participate in learning and training in children's health and safety practices. This training will include mandatory training such as Responding to Abuse and Neglect as well as other identified training.

Our staff also take part in:

- ACECQA approved First Aid training
- ACECQA approved anaphylaxis management training
- ACECQA approved asthma emergency management training
- mandated Responding to Risks of Harm, Abuse and Neglect
- Trauma-informed practices
- Supporting Mental Health in Middle Childhood
- Medication Safety of Health Support Workers in the Community

Records of staff learning and training are kept confidentially in accordance with the Privacy Act and reviewed regularly by the Director.

## **Effective supervision** [National Law 165; NQF 2.2.1; NQF 4]

The Director makes daily staffing arrangements for learning and staff breaks that ensure children are supervised effectively at all times. Supervision plans support educators to ensure children's safety.

Supervision arrangements consider:

- educator-to-child ratios and the requirements of individual children
- the training of all staff to provide effective supervision and responses
- visibility of children and distance from children so they can be assisted quickly, if needed
- inside and outside environments. All staff have an obligation to understand and implement effective supervision.

## **Responding to incident/injuries/illnesses/trauma** [NQF 2.1.2; 2.2.2]

**We are obligated to respond appropriately to any incident/injury/ illness/trauma a child may experience whilst in care.**

**Serious Incidents:** [Regulation 12 and 161]

A serious incident, when referring to injuries/illness and trauma, is an incident in which medical attention should have been sought for a child. It may require the child to receive medical attention from a registered medical practitioner or for them to attend a hospital. This may include the calling of an ambulance.

National Law section 5(1) gives the full definition of serious incident. [See Key Terms]

Serious incidents can include but are not limited to:

- an anaphylaxis episode
- an asthma attack
- head injuries, including head bumps/knocks
- suspected broken limbs and dislocations
- burns
- shock (single event trauma)

**Anaphylaxis episode or asthma attack** [Regulations 89, 94 and 136]

Any child can experience an anaphylaxis episode. Any child can experience an asthma episode.

- If a child is known to have anaphylaxis or asthma, in response to an episode or attack, staff respond by following the child's individual medical action plan, and the 'Dealing with medical conditions policy'.
- When a child is not known to have anaphylaxis or asthma but is experiencing difficulty e.g. breathing or loss of consciousness and is suspected to be experiencing an anaphylaxis episode or asthma attack, staff respond by following the 'First Aid policy'. Anaphylaxis emergency and Asthma emergency procedures are followed, as required.

**Head Injuries** [Regulations 94]

Children often bump or bang their heads. Any knock to the head can cause concussion. All head knocks are considered a head injury.

All head injuries are treated following our First Aid policy, including contacting and informing a child's parent(s) as soon as possible, regardless of whether the child has visible head injuries or not.

A head injury is treated with staff erring on the side of caution regardless of visible injury or side effects, with parents being notified ASAP, with further medical assessment recommended. Head knocks are to be treated as serious incidents and thus as notifiable.

**Shock (single event trauma)** [Regulations 12, 85 and 86]

Trauma can be when a child feels intensely threatened by an event they are involved in or witness. While in our care, a child might be involved in or witness an unexpected incident causing them single event trauma. For example, witnessing another child falling ill or suffering an injury might cause a child trauma.

Shock is a symptom of this kind of event. When such an unexpected event occurs, we check each child's physical wellbeing for signs of shock by considering:

- can a child respond normally?
- is a child's skin pale or clammy?
- is a child's pulse weak or rapid?

- is the child dizzy?

If a child has signs of shock and is injured, we treat the event as a serious incident.

If the signs of shock continue, we treat the event as a serious incident.

If the child's signs of shock resolve, the child is closely monitored until they are collected.

All incidents of single event trauma and details of care given are recorded, signed by a parent/guardian and kept as required.

### **Other injuries**

Most often, an incident results in a child incurring an injury that requires basic first aid only, and this injury may be managed by a first aid qualified staff member or other staff member, depending on the injury itself. See the 'First Aid policy'. **All** injuries that require any form of first aid must be documented, this documentation must include all relevant details as listed in regulation 87.

### **Illness**

Children are susceptible to illness. Children can show signs of illness when in care.

Illnesses include but are not limited to:

- infectious disease, such as RSV and influenza
- cough and cold viruses
- viral gastroenteritis
- respiratory infections
- whooping cough

Symptoms that can indicate a child is ill include but are not limited to:

- is abnormally quiet/lethargic
- has a raised temperature
- looks tired and flushed
- feels cold and looks pale
- has vomited and/or has diarrhoea
- is coughing.

### **If a child is unwell**

Parents are required to keep home children who are unwell. We ask this to provide the best care and comfort for your child and to protect other children and staff.

If a child arrives at the service showing any symptoms of being unwell or if a child becomes unwell at the service, we will contact parents and/or guardians to organise for their child to be collected.

If staff deem urgent medical attention is required, they will always act in the best interest of the child and will seek medical advice (i.e. ambulance)

Staff are required to follow recommendations as per 'Staying Healthy in Child Care' and the SA Health website in regard to notifiable conditions.

## **Reporting** [National Law 174; Regulations 86, 87, 167 and 176 (2): NQS Standard 2]

### **Reporting to parents/guardians** [Regulation 86,88]

After all incidents of injury, illness or trauma, we contact parents as soon as possible and within 24 hours and let them know their child has experienced an injury, became ill or experienced a trauma while in our care (if not contacted during an incident).

If there is an occurrence of an infectious disease at a centre-based service, the person responsible of the service must ensure that a parent or an authorised emergency contact of each child being educated and cared for by the service is notified of the occurrence as soon as practicable.

### **Incident record** [Regulations 87, 167 and 183]

A complete and accurate record of every incident of injury, trauma and illness is completed as soon as possible and no later than 24 hours after the incident.

A record of an incident, illness or trauma must be kept in accordance with the CESA Record Keeping Policy, and other legislative requirements.

The record of an injury, trauma or illness must:

- include all information stated in regulation 87
- be kept confidential
- be signed by parent/guardian
- be lodged along with a notification on the NQAITS and, in certain circumstances, Principals/SPLs will lodge on CIMS, as required.

[See 'Maintain records policy']

### **Reporting** [Regulation 176]

Serious incidents are notifiable incidents. It is a requirement by law that a serious incident is reported to the ESB online on the NQAITS platform within 24 hours.

If assessed to be necessary, our nominated supervisor (e.g. Principal) or the Person Responsible notifies the School Performance Leader and the CESA Early Years Team of other incidents.

## **Supporting information/documents**

It is suggested that staff read noted policies and other recommended guidelines within this policy to better understand how they work together. Other documents that may support staff understanding include:

ACECQA ([www.acecqa.gov.au](http://www.acecqa.gov.au))

ACECQA [Guide-to-the-NQF-web.pdf \(acecqa.gov.au\)](http://www.acecqa.gov.au/Guide-to-the-NQF-web.pdf)

ACECQA [Risk Assessment and Management Tool](#), 2023

Australian Society of Clinical Immunology and Allergy (ASCIA)

[ASCIA Guidelines – Acute Management of Anaphylaxis \(https://www.allergy.org.au/\)](https://www.allergy.org.au/)

[Asthma and anaphylaxis - Australasian Society of Clinical Immunology and Allergy \(ASCIA\)](#)

Asthma Australia <https://asthma.org.au/>

Department for Education SA [Medication management procedure \(education.sa.gov.au\)](http://education.sa.gov.au/Medication%20management%20procedure)

Government of South Australia SA Health (2024) [Exclusion from childcare, preschool, school and work | SA Health](#)

Kids Health Information (2023) Head injury fact sheet [Kids Health Information: Head injury – general advice \(rch.org.au\)](#) (recommended by ESB sourced from [Head injuries and children \(esb.sa.gov.au\)](#))

[The National Child Traumatic Stress Network](#)

Raising Children Network [Traumatic events, children, first response | Raising Children Network](#)

Safework Australia [mcop-first-aid-in-workplace-v1.pdf \(safeworkaustralia.gov.au\)](http://safeworkaustralia.gov.au/mcop-first-aid-in-workplace-v1.pdf)

Staying Healthy in [Childcare https://www.nhmrc.gov.au/documents/reports](https://www.nhmrc.gov.au/documents/reports/Childcare)

## Related service policies

Acceptance and refusal of authorisations

Dealing with infectious diseases policy and procedure.

First aid

Enrolment and orientation

Excursions

Emergency and evacuation

Dealing with medical conditions in children

Medical conditions policy

Medication record

Providing a safe environment for children

Sun protection

## Key Terms

|   |  |
|---|--|
| anaphylaxis                                   | Is any acute onset illness with typical skin features: urticarial rash or erythema/flushing, and/or angioedema, plus involvement of respiratory and/or cardiovascular and/or persistent severe gastrointestinal symptoms;<br>or<br>Any acute onset of hypotension or bronchospasm or upper airway obstruction where anaphylaxis is considered possible, even if typical skin features are not present.<br>Allergy: consistent with World Allergy Organisation, 2020. |
| approved anaphylaxis management training      | See published list of approved first aid qualifications and training on the ACECQA website.  |
| approved First Aid qualification              | See published list of approved first aid qualifications and training on the ACECQA website   |
| approved asthma emergency management training | See published list of approved first aid qualifications and training on the ACECQA website   |
| asthma  | is when the airways in the lungs narrow and obstructs the flow of air into and out of the lungs. A person who regularly experiences asthma is asthmatic.<br>Source: Australian Society of Clinical Immunology and Allergy: consistent with World Allergy Organisation 2020.  |
| concussion                                    | 'is a mild traumatic brain injury that alters the way the brain functions'. Symptoms of concussion include an onset and increasing headache, nausea, dizziness, visual problems, poor balance, sensitivity to noise, becoming less responsive or drowsy or increasingly restless, agitated, or combative.<br>Source: The Royal Children's Hospital Melbourne.  |
| Education Standards Board (ESB)               | The regulator of ECEC services in South Australia.   |

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|---|--|
| harm                                    | <p>The Children and Young People (Safety) Act 2017 defines harm as:</p> <ul style="list-style-type: none"> <li>• physical harm or psychological harm (whether caused by an act or omission)</li> <li>• harm caused by sexual, physical, mental or emotional abuse or neglect.</li> </ul>   |
| illness                                 | <p>is a person's response to a physical or mental disturbance that involves symptoms, including a change in a person's level of physical or mental function. Illnesses can be acute: the illness develops and resolves quickly, or chronic: the illness is experienced long term.</p> <p>Source: <a href="#">Australian Institute of Health and Welfare</a></p>  |
| hazard                                  | <p>refers to a situation or element that could result in an individual getting injured.</p> <p>Source: ACECQA <a href="#">Risk Assessment and Management Tool, 2023</a></p>  |
| injury                                  | <p>is any physical damage to the body caused by violence or an incident. Source: <a href="#">Guide-to-the-NQF-web.pdf (acecqa.gov.au)</a></p>  |
| minor incident                          | <p>is an incident that may require first aid but does not require medical attention. Such an incident can involve injury, trauma and illness.</p>  |
| Education and Care National Regulations | <p>support the National Law by providing detail of the operational requirements for an education and care service.</p> <p>Source: <a href="#">What is the NQF?   ACECQA</a></p>  |
| The National Quality Standard (NQS)     | <p>sets the national benchmark for early childhood education and care and outside school hours care services in Australia. The NQS includes seven quality areas that detail important outcomes for children.</p> <p>Source: <a href="#">What is the NQF?   ACECQA</a></p>  |
| nominated supervisor                    | <p>in relation to an education and care service, means an individual who— (a) is nominated by the approved provider of the service to be a nominated supervisor of that service; and (b) unless the individual is the approved provider, has provided written consent to that nomination. In SACCS services, the Principal is a Nominated Supervisor</p> <p>Source: National Law, Part 2:13</p>                        |
| notifiable incident                     | <p>is an incident that seriously compromises the safety, health or wellbeing of children.</p> <p>Sources: National Law174; National Regulation 86; <a href="#">Guide-to-the-NQF-web.pdf (acecqa.gov.au)</a></p>  |
| responsible adult                       | <p>is a person appointed by CESA to be in charge of the service when the Nominated Supervisor is not on the premises.</p>  |
| risk assessment                         | <p>is the process by which specific hazards and risks are identified. Recognising the possibility and potential severity of harm will help to determine whether the hazard needs to be managed and to what extent.</p> <p>Source: ACECQA <a href="#">Risk Assessment and Management Tool, 2023</a></p>   |
| serious incident                        | <p>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:</p> <p>(a) the death of a child—</p> <p>(i) while that child is being educated and cared for by an education and care service;</p> <p>or (ii) following an incident occurring while that child was being educated and cared for by an education and care service;</p> |

|                     |   |
|---------------------|---|
|                     | <p>(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—</p> <p>(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, e.g. a broken limb.</p> <p>(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, e.g. severe asthma attack, seizure or anaphylaxis reaction.</p> <p>(d) any emergency for which emergency services attended;</p> <p>(e) any circumstance where a child being educated and cared for by an education and care service—</p> <p>(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.</p> <p>Source: National Regulations: regulation 12.</p> |
| single event trauma | <p>is when a child feels intensely threatened by an event he or she is involved in or witnesses.</p> <p>Source: <a href="#">The National Child Traumatic Stress Network</a></p>   |
| trauma              | <p>is when a child feels intensely threatened by an event he or she is involved in or witnesses. Trauma can be experienced in four ways: as a result of a single event, complex trauma, historical trauma and/or intergenerational trauma.</p> <p>Source: <a href="#">The National Child Traumatic Stress Network</a></p>   |

## Review and Record History [Regulation 170, 171 and 172]

You can only amend the customised content within this procedure

Parents of children enrolled at the service must be notified at least 14 days before making any change that may have a significant impact on:

- a) The services provision of education and care to any child enrolled at the service
- b) The families' ability to utilise the service.

If you consider the notice period would significantly pose a risk to the health, safety and wellbeing of children then parents can be notified of the change as soon as practicable.

Last reviewed: [29/08/2025]

Next review date: [29/08/2028]

Contact:

Learning and Curriculum

Early Years

Email: [ap@cesa.catholic.edu.au](mailto:ap@cesa.catholic.edu.au)

*School Board reviews and develops policies that consider our context, regulations, and standards.*

**Principal's Signature**  
PAUL BENNETT

**DATE**

**OSHC Director**  
DIANE GRIGUOL

*Ratified by the OSHC Management Committee*

**Chairperson's Signature**

**DATE**