Intereach Out of School Hours (OOSH) Incident, Injury, Trauma and Illness Procedure Including Administration of First Aid

Applies to	Intereach Out of School Hours (OOSH)				
Policy	NQS Two: Children's Health and Safety Policy				
Version	1.1	**Date approved**	4/9/2025	**Next review date**	4/3/2028

1. Objective

Intereach as the Approved Provider considers the health, safety, and wellbeing of all children as paramount and recognises that most incidents of injury, trauma and illnesses are preventable with implementation of simple preventative strategies to reduce the likelihood of such incidents. The service staff and educators will plan for and respond effectively to illness, medical and dental emergencies. The service will make every attempt to ensure sound management of the injury to prevent any worsening of the situation as required by the Education and Care Services National Regulations.

2. Responsibilities

It is the responsibility of the Nominated Supervisor to ensure:

- reasonable steps are taken to implement the incident, injury, trauma and illness procedure is followed and implemented; cause of any incident, injury or illness is investigated and appropriate action is taken to remove the cause if required;
- contact emergency services in the first instance then notify parents/guardians immediately after an incident including allegations or incidents of physical and sexual abuse, injury, trauma or medical emergency, or as soon as is practicable, but no later than 24 hours;
- notify the regulatory authority of any incidents or allegations of physical or sexual abuse to a child while being educated or cared for by the service within 24 hours as a serious incident;
- notify the regulatory authority of a serious incident using the NQAITS – SI01 Notifications of a serious incident
- record information as soon as possible, and within 24 hours after the incident, injury, trauma illness.
- report to the state Regulatory Authority where a decision to refuse access arose as a result of circumstances which posed a risk to the health, safety and wellbeing of children;
- each child's enrolment record includes the prescribed information including authorisation by a parent or person named in the record, for the 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;
- confidentiality for storage of incident, injury, trauma and illness records until the child is 25 years of
- relevant educators have a current approved First Aid (including CPR), Anaphylaxis and Emergency Asthma Management training and qualifications as described by Regulation 136 of the National Regulations;

- emergency evacuation scenarios are regularly rehearsed as per Emergency and Evacuation Procedure and emergency and evacuation schedule and notifications are made in accordance with this procedure;
- support the educators and staff at the scene of an incident/injury/trauma/illness; and,
- regular reviews of incidents, injury, trauma, and illnesses will be undertaken to inform ongoing review of procedures.

It is the responsibility of staff to:

- reasonable steps are taken to implement the incident, injury, trauma and illness procedure is followed and cause of any incident, injury or illness is investigated and appropriate action is taken to remove the cause if required including during excursions and regular outings
- 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, but no later than 24 hours;
- notify the Nominated Supervisor of all serious incident as soon as possible
- take all precautions to always reduce the incidence of accidents and injuries;
- record information as soon as possible, and within 24 hours after the incident, injury, trauma illness.
- talk to the team leader or nominated supervisor if concerned or have a suspicion that a child is at risk of abuse, harm, neglect or ill-treatment.
- make a report if they believe a child may be at risk, even if they may not see the abuse occur, i.e. a child disclosure;
- contact police immediately if a parent/guardian arrives at the service in breach of a court order and advise the Nominated Supervisor Intereach of the incident as soon as possible;
- be aware of children with allergies and their attendance days and apply that knowledge when attending to incidents, injury, trauma and illness;
- complete and record daily environment checks to ensure all hazards are eliminated or minimised both indoors and outdoors;
- administer first aid and respond to incidents/injury/trauma and illness in accordance with this procedure, the *First Aid Procedure* and qualification;
- in the event a child is diagnosed with an infectious disease staff will be guided by the Dealing with Infectious Diseases procedure ensure easy access to first aid kits; and current contact numbers of parents/guardians and emergency contacts at all times;
- ensure first aid kits including staff PPE, a mobile phone or communication device, and emergency contact numbers are available during excursions and regular outings.
- ensure at least one staff, trained in first aid is available during excursions and regular outings.
- ensure emergency procedures (including CPR guides) and current relevant emergency telephone numbers – 000 (ambulance, police, fire brigade), hospital, Poison Information Centre and Service after-hours contact details are displayed and available;maintain confidentiality in handling all records relating incident, injury, trauma and illness and securely store the records until the child is 25 years old; and,
- participate in training and refresher training related to this procedure.

- critically reflect on incidents in a manner that respects the privacy and confidentiality of the incident to inform required changes to policies, procedures, practices and risk assessments

It is the responsibility of the parent/guardian to:

- provide authorisation in the child's enrolment form for the nominated supervisor or an educator to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and, if required, transportation by an ambulance service;
- provide authorisation for their child to attend excursions and regular outings;
- notify the service upon enrolment of any specific health care needs of the child, including any medical conditions and allergies and any medical management plans that need to be followed;
- ensure any medical management and action plans at the service are kept up to date;
- collect the child as soon as possible when notified of an incident, injury, trauma or illness;
- notify the service of any infectious disease or illness that has been identified when the child has been absent from the service, that may impact the health and wellbeing of other children, educators or others attending the service be contactable, either directly or through emergency contacts listed on the enrolment form, in the event of an incident requiring medical attention; and,
- notify educators when the child is ill and will be absent from attending the service.

3. Procedure

3.1. In the event of an Injury/Trauma/Illness of a Child

Intereach educators and staff will:

- follow emergency guidelines DRSABCD as per first aid training;
- use Personal Protection Equipment (PPE) when dealing with blood and bodily fluids;
- attend to the affected child, where no injury is visible a thorough check of the child will be conducted and first aid applied as required;
- assess the injury/trauma/illness, seek further medical attention of required;
- inform the Nominated Supervisor of a serious incident and their decision;
- ensure the parent/guardian of the affected child is notified;
- remain with the affected child while maintaining supervision of all children in care;
- make the child comfortable and reassure them;
- if an ambulance is called and the child is taken to hospital, a staff member or educator may accompany the child if staff to child ratio can be maintained. The child's records are to be taken to the hospital with the child;
- under no circumstances, transport a child to seek emergency treatment for an incident or illness. This includes an incident involving their own child while working as an educator;
- unlock the front door to enable access by ambulance, staff or medical personnel in the event of a medical emergency where CPR is required, thus enabling the educator to continue first aid uninterrupted;
- if necessary, organise collection by parents of other children at the service; and,

- complete an Incident, Injury, Trauma, and Illness form each time a child is administered with an emergency medication (eg, Epi Pen, Ventolin) during care by clearly identifying.
    - details of medication administered;
    - details on how the medication was administered (e.g., how many puffs); and,
    - the date and time the medication was administered.

3.2. Notifications

The staff will:

- notify a parent/guardian or emergency contact of the child of the incident/ injury/trauma/illness and the treatment or services arranged for the care of the child, including any medication required;
- notify parent/guardian of any head and neck injuries as soon as it is practical; and,
- complete an Incident Report Form as soon as practicable, but no later than 24 hours after the incident, injury, trauma, or onset of illness obtaining parent signature.

The Nominated Supervisor will:

- report any incident/injury/trauma/illness that constitutes a 'serious incident' or allegations of physical or sexual abuse to a child (refer to Notification of Serious Incidents Procedure) to the:
    - Senior Manager and CEO immediately; and,
    - Regulatory Authority via the National Quality Agenda (NQA) IT System within 24-hours.

3.3. Requirements of Parents/Guardians

Parents/guardians are required to:

- complete a Medical Risk Minimisation Plan in collaboration with educators or staff when their child has a diagnosed medical condition that requires the administration of medication to the child;
- supply the contact number of their preferred doctor and dentist and Medicare number if available with the expiry date;
- supply contact information for those authorised to act in the event that a parent/guardian cannot be contacted;
- pay for any costs associated with an ambulance call-out; and,
- notify educators or staff if there had been a change in the health condition of the child or any recent accidents or incidents that may impact the child's care.

3.4. First Aid

3.4.1. Kits

- A First Aid kit is suitability equipped and maintained in accordance with Appendix A, easily recognizable and readily assessable at the service and during an excursion or regular outing.

3.4.2. Training

- The staff will:

- complete approved First Aid, Anaphylaxis and Emergency Asthma Management training and qualifications as described by the National Regulations; and,
- renew and update qualifications as required.

OOSH Responsible Person and Nominated Supervisors as part of their conditions of employment are paid to undertake and maintain first aid, asthma, and anaphylaxis qualifications. OOSH does not pay for casual educators to complete First Aid, asthma, and anaphylaxis training as it is not a requirement for casual educators to undertake this training to acquire this qualification. (Refer to *OOSH Administration of First Aid Procedure* for further information)

4. Monitoring, evaluation and review

In consultation with educators and other key staff, families, and other stakeholders the effectiveness of this procedure will be reviewed every three years or earlier if there is a change in relevant legislation

5. National Quality Framework

Element	Concept	Description
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented
3.1	Design	The design of the facilities is appropriate for the operation of a service.
5.1	Relationships between educators and children	Respectful and equitable relationships are maintained with each child.
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role.
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality service that is child safe

Element	Concept	Description
7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision making and operation of the service.

6. Context

6.1. Standards or other external requirements	Australian Children's Education and Care Quality Authority (2017), *National Quality Standards* Australian Children's Education and Care Quality Authority (2017), *Guide to the National Quality Framework* Department of Education, Employment and Workplace Relations, *Childcare Service Handbook 2017-2018* Early Childhood Australia (2016). *Code of Ethics* Australian Children's Education and Care Quality Authority (ACECQA) – www.acecqa.gov.au/first-aid-qualifications-and-training Community Early Learning Australia, Accessed January 2018, Sample policy 'Administration of First Aid'
6.2. Legislation or other requirements	Education and Care Services National Regulations consolidated 2017 Education and Care Services National Law Act 2010
6.3. Internal Documentation	Emergency and Evacuation Procedure Dealing with Medical Condition Procedure Notification of Serious Incidents Procedure First Aid Procedure Safe Arrival of Children Procedure and Risk assessment Incident, Injury, Trauma, and Illness Form (Hardcopy Book) Medical Management Plan Medical Risk Minimisation Plan Medication Administration Form Benefit Risk Assessment Plan – Transport, Excursion and Regular Outings Excursion and Transportation Authorisation Authorisation for Transport and Regular Outings Daily Hazard Identification Checklist Daily Internal and External Environment Audit

7. Document control

Version	Date approved	Approved by	Next review date
1.0	02/12/2019	R. Phillips - Acting Senior Manager, Children and Family Services	02/12/2022
2.0	30/08/2021	Michelle Tai – General Manager Operations	30/8/2024
1.0	04/03/2025	The Children's Services procedure separated to be a standalone procedure for OOSH and approved by: J Farrow - Manager Education and Care	04/03/2028