

(Revised September 2025)

Policy Statement:

The Mueller College Outside School Hours Care (OSHC) Service aims to provide a healthy environment in which children and young people can play and explore their world free from harm. In the event of illness, the symptoms will be observed and recorded and appropriate first aid will be applied by trained educators. The Service will follow legislative guidelines regarding the administration of medication in the Service to ensure the safety and wellbeing of both children and young people and educators.

Background Statement:

The Education and Care National Regulations require Service providers to have policies and procedures that ensure the health, safety and wellbeing of all children are protected and promoted at all times. These policies must outline the steps to be taken in the event that a child is injured, becomes ill, or suffers trauma while in care, and detail the processes for recording, reporting, and responding to such incidents. The Mueller College Outside School Hours Care Service recognises its duty of care to provide a safe and supportive environment, and to act in accordance with the National Law and Regulations to effectively manage illness, prevent the spread of infection, and ensure families are informed in a timely and transparent manner.

Important terms:

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| Children and young people | Refers to the children and young people present in the care environment. |
| Educator | Refers to the staff employed by the Service to provide care for children and young people attending. |
| Parent/guardian | Refers to the primary carer/s of the child or young person attending the Service. |
| Family | Refers to the group of people, including the primary carer which engage daily with the child or young person in the home environment. |
| Nominated Supervisor | The person designated by the Approved Provider to have day-to-day responsibility for the operation of the Service. |
| Approved Provider | The organisation or entity that holds the Service approval under the Education and Care Services National Law and Regulations. |
| Incident, Injury, Trauma and illness record | A record required to be maintained under Regulation 87, documenting details of any incident, injury, trauma, or illness that occurs while a child is in care. |
| Medication record | A record required under Regulation 92, containing details of all medication administered to a child by the Service. |
| First Aid officer | An educator holding a current, approved first aid qualification, responsible for administering first aid when required. |
| Regulatory Authority | The state or territory authority responsible for approving, monitoring, and assessing education and care services under the National Quality Framework. |

Legislation:

National Quality Standard (NQS):

Quality Area **2: Children's Health & Safety**
7: Governance & Leadership

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| 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 needs 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 | Safety | Each child is protected. |
| 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, practised and implemented |
| 7.1 | Governance | Governance supports the operation of a quality service. |

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| 7.1.2 | Management systems | Systems are in place to manage risk and enable the effective management and operation of a quality service. |
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Education and Care Services National Regulations

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| 85 | <p>Incident, injury, trauma and illness policies and procedures</p> <p>The incident, injury, trauma and illness policies and procedures of an education and care service required under regulation 168 must include procedures to be followed by nominated supervisors and staff members of, and volunteers at, the service in the event that a child—</p> <ul style="list-style-type: none"> (a) is injured; or (b) becomes ill; or (c) suffers a trauma. |
| 86 | <p>Notification to parents of incident, injury, trauma and illness</p> <p>The approved provider of an education and care service must ensure that a parent of a child being educated and cared for by the service is notified as soon as practicable, but not later than 24 hours after the occurrence, if the child is involved in any incident, injury, trauma or illness while the child is being educated and cared for by the education and care service.</p> <p>Penalty: \$2200.</p> |
| 87 | <p>Incident, injury, trauma and illness record</p> <ul style="list-style-type: none"> (1) The approved provider of an education and care service must ensure that an incident, injury, trauma and illness record is kept in accordance with this regulation. (2) A family day care educator must keep an incident, injury, trauma and illness record in accordance with this regulation. (3) The incident, injury, trauma and illness record must include— <ul style="list-style-type: none"> (a) details of any incident in relation to a child or injury received by a child or trauma to which a child has been subjected while being educated and cared for by the education and care service or the family day care educator, including— <ul style="list-style-type: none"> (i) the name and age of the child; and (ii) the circumstances leading to the incident, injury or trauma; and (iii) the time and date the incident occurred, the injury was received or the child was subjected to the trauma; (b) details of any illness which becomes apparent while the child is being educated and cared for by the education and care service or the family day care educator including— <ul style="list-style-type: none"> (i) the name and age of the child; and (ii) the relevant circumstances surrounding the child becoming ill and any apparent symptoms; and (iii) the time and date of the apparent onset of the illness; (c) details of the action taken by the education and care service or family day care educator in relation to any incident, injury, trauma or illness which a child has suffered while being educated and cared for by the education and care service or family day care educator, including— <ul style="list-style-type: none"> (i) any medication administered or first aid provided; and (ii) any medical personnel contacted; (d) details of any person who witnessed the incident, injury or trauma; (e) the name of any person— <ul style="list-style-type: none"> (i) whom the education and care service notified or attempted to notify, of any incident, injury, trauma or illness which a child has suffered while being educated and cared for by the education and care service or family day care educator; and (ii) the time and date of the notifications or attempted notifications; (f) the name and signature of the person making an entry in the record, and the time and date that the entry was made. (4) The information referred to in subregulation (3) must be included in the incident, injury, trauma and illness record as soon as practicable, but not later than 24 hours after the incident, injury or trauma, or the onset of the illness |
| 92 | <p>Medication record</p> <ul style="list-style-type: none"> (1) The approved provider of an education and care service must ensure that a medication record is kept that includes the details set out in subregulation (3) for each child to whom medication is or is to be administered by the service. (2) A family day care educator must keep a medication record that includes the details set out in subregulation (3) for each child being educated and cared for by the educator as part of a family day care service to whom medication is or is to be administered. (3) The details to be recorded are— <ul style="list-style-type: none"> (a) the name of the child; (b) the authorisation to administer medication (including, if applicable, self-administration), signed by a parent or a person named in the child's enrolment record as authorised to consent to administration of medication; (c) the name of the medication to be administered; (d) the time and date the medication was last administered; (e) the time and date, or the circumstances under which, the medication should be next administered; (f) the dosage of the medication to be administered; (g) the manner in which the medication is to be administered; (h) if the medication is administered to the child— <ul style="list-style-type: none"> (i) the dosage that was administered; and (ii) the manner in which the medication was administered; and (iii) the time and date the medication was administered; and (iv) the name and signature of the person who administered the medication; and (v) if another person is required under regulation 95 to check the dosage and administration, the name and signature of that person. |
| 93 | <p>Administration of medication</p> <ul style="list-style-type: none"> (1) The approved provider of an education and care service must ensure that medication is not administered to a child being educated and cared for by the service unless— |

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| | <p>(a) that administration is authorised; and</p> <p>(b) the medication is administered in accordance with regulation 95 or 96.</p> <p>Penalty: \$2200.</p> <p>(2) The approved provider of an education and care service must ensure that written notice is given to a parent or other family member of a child as soon as practicable, if medication is administered to the child under an authorisation referred to in subregulation (5)(b).</p> <p>Penalty: \$1100.</p> <p>(3) A nominated supervisor of an education and care service must ensure that medication is not administered to a child being educated and cared for by the service unless—</p> <p>(a) that administration is authorised; and</p> <p>(b) the medication is administered in accordance with regulation 95 or 96.</p> <p>Penalty: \$2200.</p> <p>(4) A family day care educator must ensure that medication is not administered to a child being educated and cared for by the educator as part of a family day care service unless—</p> <p>(a) that administration is authorised; and</p> <p>(b) the medication is administered in accordance with regulation 95 or 96.</p> <p>Penalty: \$2200.</p> <p>(5) In this regulation the administration of medication to a child is authorised if an authorisation to administer the medication—</p> <p>(a) is recorded in the medication record for that child under regulation 92; or</p> <p>(b) in the case of an emergency, is given verbally by—</p> <p>(i) a parent or a person named in the child's enrolment record as authorised to consent to administration of medication; or</p> <p>(ii) if a parent or person named in the enrolment record cannot reasonably be contacted in the circumstances, a registered medical practitioner or an emergency service.</p> |
| 94 | <p>Exception to authorisation requirement—anaphylaxis or asthma emergency</p> <p>(1) Despite regulation 93, medication may be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency.</p> <p>(2) If medication is administered under this regulation, the approved provider or a nominated supervisor of the education and care service or family day care educator must ensure that the following are notified as soon as practicable—</p> <p>(a) a parent of the child;</p> <p>(b) emergency services.</p> |
| 95 | <p>Procedure for administration of medication</p> <p>Subject to regulation 96, if medication is administered to a child being educated and cared for by an education and care service—</p> <p>(a) the medication must be administered—</p> <p>(i) if the medication has been prescribed by a registered medical practitioner, from its original container, bearing the original label with the name of the child to whom the medication is to be administered, and before the expiry or use by date; or</p> <p>(ii) from its original container, bearing the original label and instructions and before the expiry or use by date; and</p> <p>(b) the medication must be administered in accordance with any instructions—</p> <p>(i) attached to the medication; or</p> <p>(ii) any written or verbal instructions provided by a registered medical practitioner; and</p> <p>(c) except in the case of a family day care service or an education and care service that is permitted to have only 1 educator to educate and care for children, the following must be checked by a person other than the person administering the medication—</p> <p>(i) the dosage of the medication to be administered;</p> <p>(ii) the identity of the child to whom the medication is to be administered.</p> |
| 96 | <p>Self-administration of medication</p> <p>The approved provider of an education and care service may permit a child over preschool age to self-administer medication if—</p> <p>(a) an authorisation for the child to self-administer medication is recorded in the medication record for the child under regulation 92; and</p> <p>(b) the medical conditions policy of the service includes practices for self-administration of medication.</p> |

Education and Care Services National Law

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| 167 | <p>Offence relating to protection of children from harm and hazards</p> <p>(1) The approved provider of an education and care service must ensure that every reasonable precaution is taken to protect children being educated and cared for by the service from harm and from any hazard likely to cause injury.</p> <p>Penalty:</p> <p>\$11 400, in the case of an individual.</p> <p>\$57 400, in any other case.</p> <p>(2) A nominated supervisor of an education and care service must ensure that every reasonable precaution is taken to protect children being educated and cared for by the service from harm and from any hazard likely to cause injury.</p> <p>Penalty: \$11 400.</p> |
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Principals:

To ensure that all illnesses are appropriately recorded, stored, managed, actioned and communicated.

Germ Management

Germs such as bacteria, viruses, fungi and parasites are microorganisms that can cause illness and infection. They are invisible to the eye but can easily spread from one person to another, particularly in environments where children and young people interact closely, share toys and equipment, and engage in group activities.

How Germs Spread:

Germs can spread through several common routes, including:

- Airborne transmission – when germs are released into the air through coughing, sneezing, or talking and are inhaled by others.
- Direct contact – when an infected person's germs are transferred through physical contact such as touching, hugging or handshakes.
- Indirect contact – when germs are transferred from surfaces or objects such as toys, door handles, tables, or shared equipment.
- Droplet transmission – when droplets from coughs or sneezes land on the eyes, nose, or mouth of another person.
- Faecal-oral route – when germs from faeces are spread through poor handwashing after toileting or nappy changes and then ingested through food or hands.

Sources of Germs:

Common sources of germs in an OSHC environment include:

- Respiratory secretions (from coughing and sneezing)
- Bodily fluids (saliva, vomit, blood, urine)
- Contaminated surfaces, toys, and shared items
- Food and drink prepared or handled with unclean hands
- Poorly maintained hygiene facilities or waste disposal areas

How Germs Cause Infection:

Infection occurs when germs enter the body and begin to multiply. The body's immune system responds to fight off the infection, but symptoms such as fever, coughing, diarrhoea, or fatigue may appear. Some germs spread quickly before symptoms are visible, which makes preventive hygiene practices essential.

Minimising the Spread of Germs:

Educators play a vital role in reducing the risk of infection and maintaining a healthy environment.

Strategies include:

- Promoting and modelling thorough hand hygiene – washing hands with soap and water before eating, after toileting, and after contact with bodily fluids.
- Encouraging children to cover coughs and sneezes with tissues or elbows.
- Cleaning and disinfecting frequently touched surfaces, toys, and equipment regularly.
- Ensuring proper food handling and storage practices.
- Following exclusion guidelines for children or staff who are unwell.
- Encouraging good ventilation and outdoor play where possible.
- Wearing protective gloves when handling bodily fluids or cleaning contaminated items.
- Communicating with families about illness prevention and reporting symptoms promptly.

Maintaining a clean and hygienic OSHC environment helps protect the health and wellbeing of all children, families, and educators, and supports consistent attendance and engagement in the program. For more information on infection control and management, please see Service Infectious disease policy.

Procedure:

Educators are to be aware of symptoms which may indicate that a child or young person is suffering from a medical illness or condition. Symptoms of illness may include:

- unusual spots or rashes
- unusual behaviour
- feverish appearance
- breathing trouble
- red, irritated or discharging eyes
- diarrhoea
- vomiting
- loss of appetite
- sore throat or trouble swallowing
- headache, stiff neck
- infected skin patches, crusting of the skin, or discharge
- severe, persistent cough
- whoop or barking sound with cough
- frequent scratching of scalp or skin
- yellowish skin or whites of eyes
- complaints of pain on voiding

Symptoms which may suggest that the child or young person may be quite ill and need urgent medical attention are:

- High fever
- Drowsiness
- Lethargy and decreased activity
- Breathing difficulties
- Poor feeding
- Poor urine output
- Red or purple rash
- A stiff neck or sensitivity to light
- Pain

(Staying Healthy 5th edition 2012)

The more of the above symptoms that are present, the more likely the child or young person may have a serious illness. If there is any doubt, medical advice will be sought without delay.

Management of Unwell child or young person at the Service:

- If a child or young person becomes unwell whilst at the Service, the parents/guardians will be notified and asked to take the child or young person home. The child or young person will be made comfortable and separated from the other children and young people until the parent/guardian arrives.
- After the child or young person leaves, the floor cushions used need to be adequately cleaned before using again.
- Educators will thoroughly wash hands before touching another child or young person.
- If the child or young person has a temperature, the parent/guardian will be informed. If the child or young person is unhappy, treatment will be needed to comfort him/her. Clear fluids may be given. Panadol will be given if requested by the parent/guardian, but only if written and verbal consent has been received. The child or young person's temperature will continue to be monitored.
- Educators will record all injuries or illness on the Service's "Record of Incident Injury, Trauma and Illness" Form. These are collated and kept in the Service's Accident and

Illness Record. Details entered will include name; age; date; time; place of incident, injury or condition; brief description of events; first aid treatment or outcomes; and parent/guardian signature.

- Management will not accept a child or young person into care if they arrive at the service unwell, or with a suspected contagious illness or infection disease as per the Service Infectious disease Policy and Procedure.
- Management will not accept children or young people who have not followed the adequate exclusion guidelines from Queensland health's 'timeout' policy if they have a listed disease.

Medical Conditions Requiring a Possible Emergency Response:

- At the time of enrolment, parents/guardians of children and young people with specific health issues such as allergies, asthma, croup, epilepsy, etc., will be requested to complete a form detailing the management and emergency action plans for these conditions. This is to be done in consultation with the child or young person's medical practitioner.
- For a child or young person at risk of anaphylaxis, an Anaphylaxis Action Plan and an adrenaline autoinjector will need to be supplied to the Service before the child or young person commences. Parents/Guardians will also be required to meet with the Nominated supervisor to discuss the child or young person's condition before commencement.
- For children and young people suffering from asthma, an Asthma Record Card should be completed by parents in consultation with the child or young person's medical practitioner. This will be kept on file at the Service and parents will be responsible to notify the Nominated supervisor of any changes to the information.
- At the time of enrolment, parents/guardians of children and young people with specific health issues such as ADHD, ASD etc., will be requested to give supporting information to assist staff with the management of the child or young person's condition. If children and young people are receiving medication at home but not at the Service, the Service should be advised of the nature of the medication and its purpose and of any possible side effects it may have for the child or young person.

Procedure for filing out an illness report:

1. Enter the child or young person's full name, date of birth age and gender.
2. Enter Date, Time and location of when the child or young person presented unwell (this should include which area of the Service)
3. The general activity at the time the child became ill: (what activity were they doing when it occurred).
4. Circumstances surrounding illness. Record any symptoms or observations.
5. Nature of the illness: tick appropriate box, if other write nature of illness and mark on the image any observed spots or rashes.
6. Details of action should include the steps taken in response to the illness including information about first aid treatment and medication if relevant.
7. Complete yes/no questions.
8. Complete information for when parent / Nominated supervisor / other agencies or Regulatory authority have been notified. (Parent notification time and date may be different to signature if notifying over the phone of the event).
9. Name, position and signature of educator completing the form including the date and

time of the record.

10. The name and dated signature of another witnessing educator.
11. Request parent / guardian signature when notifying them of the illness report.

Exclusion of Children with a spreadable illness or Infectious Diseases

To protect the health and wellbeing of all children, families and educators, it is essential that children who are unwell, have a suspected spreadable illness or infectious disease are excluded from care for the recommended period. Excluding children who are ill helps to prevent the spread of infection and ensures that children have adequate time to recover before returning to the Service. Please see Service infectious disease Policy and Procedures for more information.

The Service follows the Queensland Health “Time Out” Poster guidelines, which outline the recommended minimum exclusion periods for specific infectious conditions. These include, but are not limited to, illnesses such as:

- Gastroenteritis
- Hand, Foot and Mouth Disease
- Chickenpox
- Influenza and other respiratory infections
- Conjunctivitis
- Whooping Cough
- COVID-19 and other respiratory viruses
- Measles, Mumps and Rubella
- Head Lice and Scabies

Educators and families must:

- Exclude any child who shows symptoms of a spreadable illness or infectious disease as soon as possible.
- Notify families promptly when a child becomes unwell while attending the Service.
- Request that families collect their child immediately if symptoms develop during care.
- Follow the exclusion timeframes outlined in the Queensland Health *Time Out Poster* before a child returns to the Service.
- Seek medical clearance when required, particularly for notifiable diseases or where symptoms persist.

Children may return to care when:

- The minimum exclusion period has passed,
- The child is symptom-free and well enough to participate in normal activities, and
- Medical clearance is provided if requested by the Service or required by health authorities.

A current copy of the Queensland Health “Time Out” Poster is displayed in the Service and is available for families to view at any time.

Childhood Education and care students and Volunteers will:

- Be aware of guidelines in relation to their responsibilities and code of conduct while at the Service.
- Be aware that they are supplementary to staff requirements and will not be used to replace absent staff.

- Be aware that they will always be supervised and will never be left in charge of a group on their own.
- Comply with policies, procedures and guidelines of the Service.
- Not directly attend to a child or young person who has an illness or injury.

Educators will:

- Educators should respond to children and young people showing signs of illness and begin monitoring the symptoms of the child or young person and recording as appropriate. Educators are to contact the child or young person's authorised person to inform them of illness signs, or to request the collection of the child or young person.
- All educators must be aware of the completion of appropriate records (Illness Report) in the event of any illness occurring with child or young person whilst in the care of the service, and that this information is completed no later than 24 hours after the illness was observed.
- Respond to children and young people in a timely manner. Provide reassurance and ensure the child or young person's emotional and physical wellbeing is always paramount.
- Seek further medical attention for a child or young person if required.
- Be aware of the signs and symptoms of illness and update their understanding as part of their ongoing professional development.
- Be aware of children and young people's individual health requirements by being familiar with enrolment information and health record cards (Individual Action Plans for known medical conditions and allergies). Using this knowledge when attending/responding to an incident, injury or illness.
- Maintain appropriate workplace health and safety standards when attending to child or young person's illness and applying first aid.
- Develop partnerships with families and use this understanding to guide development of practice in relation to individual child or young person's emerging capabilities.
- Be involved in regularly reviewing and discussing policy and procedures and consider improvements that need to be made.
- Be aware that the AED can be accessed in the OSHC toilet corridor.

Approved provider and Nominated supervisor will:

- Ensure that educators holding a current approved first aid, CPR, asthma and anaphylaxis qualifications are present at all times that the children and young people are being educated and cared for by the service.
- Ensure that all educators and staff are aware of the completion of appropriate records (Injury, Illness and Incidents Report) in the event of any incident, injury, trauma of illness to child or young person whilst in the care of the service, and that this information is completed no later than 24 hours after the incident occurred.
- Make educators and staff aware of the appropriate accessibility for approved officers and families to these records and the appropriate storage of these records according to regulatory requirements.

- Give educators and staff access to appropriate up to date information, or professional development on the management of incidents.
- Make certain that all educators and staff have access to the Regulations and Law and that they are aware of their responsibilities under these.
- Ensure that all staff are aware of the locations of an AED. The AED can be accessed in the OSHC toilet corridor.
- Share the 'Illness Policy and Procedure' with all employees upon their induction and ensure it is available to staff and families at all times.
- Provide additional professional development as needed and during review processes.
- Review all Service policy annually through consultation with all stakeholders or sooner should there be identified changes or updates to legislative requirement.

See Also:

- Mueller OSHC Record Keeping Policy & Procedure
- Mueller OSHC Risk Management Policy & Procedure
- Mueller OSHC Quality Compliance Policy & Procedure
- Mueller OSHC First Aid Policy & Procedure
- Mueller OSHC Infectious Disease Policy & Procedure
- Mueller OSHC Incident, Injury & Trauma Policy & Procedures
- Mueller OSHC Notifications & Reporting Policy & Procedure
- Mueller OSHC Medical Conditions Policy & Procedure
- Mueller OSHC Medication Policy & Procedure
- Mueller OSHC Hand Washing & Hygiene Policy & Procedure
- Mueller OSHC Immunisation Policy & Procedure
- Mueller OSHC Enrolment information form

REFERENCES:

- Education and Care Services National Law Act 2010, Current as at October 2024
- Education and Care Services National Regulations, Current as at September 2025
- Education and Care Services National Law Act (QLD) 2011, Current as at September 2025
- Child Protection Act 1999 (Current as at 20 September 2025)
- Guide to the National Quality Framework, Revised September 2025
- My Time, Our Place – Framework for School Age Care in Australia – Produced by the Australian Government Department of Education, Employment and Workplace Relations for the Council of Australian Governments. Ver2.0, Revised 2022
- National Quality Standard, Revised 1 February 2018
- Guide to the National Quality Standard, Revised May 2022
- The Code of Ethics - Early Childhood Australia Inc. (2025 update)
- Staying Healthy – Preventing Infectious Diseases in Early Childhood Education and Care Services – 5th Edition 2012. – Australian Government National Health and Medical Research Council.

REVIEW

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| POLICY REVIEWED BY: | Rachel Rose | OSHC Director | 12/09/25 |
| POLICY REVIEWED | SEPT 2025 | NEXT REVIEW DATE | JAN 2026 |
| VERSION NUMBER | V2.2 | | |
| MODIFICATIONS | <ul style="list-style-type: none"> • Updated references • Addition of exclusion section | | |



ILLNESS POLICY & PROCEDURE

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| | <ul style="list-style-type: none">Addition of germ management section | |
| POLICY REVIEWED | PREVIOUS MODIFICATIONS | PAST REVIEW DATE |
| | <ul style="list-style-type: none">Updated referencesAddition of review table | JAN 2025 |