

(Revised September 2025)

Policy Statement:

Mueller College Outside School Hours Care (OSHC) Service aims to safeguard the health and wellbeing of children and young people, staff, education and care practicum students and visitors by ensuring appropriate disposal of biological hazards such as syringes or 'sharps' and other similar and potentially dangerous items. Needle-stick injuries are wounds caused by needles that accidentally puncture the skin. Injection of blood-borne viruses is the major hazard of needle stick injuries, especially the viruses that cause Aids, Hepatitis B and Hepatitis C.

Background:

The Education and Care National regulations require Service providers to have Policies and procedures that support the health and safety of children and young people attending the Service.

Important terms:

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.
Sharps	objects or devices with sharp points, protuberances or cutting edges that are capable of cutting or piercing the skin.
Medically required medications	Needle based medicines, including testing equipment required for medical conditions like diabetes or anaphylaxis

Legislation:

National Quality Standard (NQS):

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

2.1	Health	Each child's health and physical activity is supported and promoted.
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.
2.2.2	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.
7.1.2	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service.

Education and Care Services National Regulations

77	Health, hygiene and safe food practices (1) The approved provider of an education and care service must ensure that nominated supervisors and staff members of, and volunteers at, the service implement— (a) adequate health and hygiene practices; and (b) safe practices for handling, preparing and storing food—to minimise risks to children being educated and cared for by the service. Penalty: \$2200. (2) A nominated supervisor of an education and care service must implement, and ensure that all staff members of, and volunteers at, the service implement— (a) adequate health and hygiene practices; and (b) safe practices for handling, preparing and storing food—to minimise risks to children being educated and cared for by the service. Penalty: \$2200.
85	Incident, injury, trauma and illness policies and procedures 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— (a) is injured; or (b) becomes ill; or (c) suffers a trauma.

86	<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> <p>(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.</p> <p>(2) A family day care educator must keep an incident, injury, trauma and illness record in accordance with this regulation.</p> <p>(3) The incident, injury, trauma and illness record must include—</p> <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. <p>(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.</p>
88	<p>Infectious diseases</p> <p>(1) If there is an occurrence of an infectious disease at an education and care service, the approved provider of the service must ensure that reasonable steps are taken to prevent the spread of the infectious disease at the service.</p> <p>Penalty: \$2200.</p> <p>(2) If there is an occurrence of an infectious disease at a centre-based service, the approved provider 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.</p> <p>Penalty: \$2200.</p> <p>(3) If there is an occurrence of an infectious disease at a family day care residence or approved family day care venue, the approved provider of the family day care service must ensure that a parent or an authorised emergency contact of each child being educated and cared for at the residence or venue as part of the service is notified of the occurrence as soon as practicable.</p> <p>Penalty: \$2200.</p>
93	<p>Administration of medication</p> <p>(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—</p> <ul style="list-style-type: none"> (a) that administration is authorised; and (b) the medication is administered in accordance with regulation 95 or 96. <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> <ul style="list-style-type: none"> (a) that administration is authorised; and (b) the medication is administered in accordance with regulation 95 or 96. <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> <ul style="list-style-type: none"> (a) that administration is authorised; and (b) the medication is administered in accordance with regulation 95 or 96. <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> <ul style="list-style-type: none"> (a) is recorded in the medication record for that child under regulation 92; or (b) in the case of an emergency, is given verbally by—

	(i) a parent or a person named in the child's enrolment record as authorised to consent to administration of medication; or (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.
95	Procedure for administration of medication Subject to regulation 96, if medication is administered to a child being educated and cared for by an education and care service— (a) the medication must be administered— (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 (ii) from its original container, bearing the original label and instructions and before the expiry or use by date; and (b) the medication must be administered in accordance with any instructions— (i) attached to the medication; or (ii) any written or verbal instructions provided by a registered medical practitioner; and (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— (i) the dosage of the medication to be administered; (ii) the identity of the child to whom the medication is to be administered.
96	Self-administration of medication The approved provider of an education and care service may permit a child over preschool age to self-administer medication if— (a) an authorisation for the child to self-administer medication is recorded in the medication record for the child under regulation 92; and (b) the medical conditions policy of the service includes practices for self-administration of medication.

Education and Care Services National Law

301 (3,f)	Requirements and standards to be complied with for safety, security, cleanliness, comfort, hygiene and repair of premises, outdoor spaces, fencing, gates, resources and equipment used for providing education and care services;
301 (3,m)	Requirements and standards about first aid and management of children's medical conditions including— (i) the training of educators and staff members; and (ii) plans, policies and procedures used to manage medical conditions and first aid; and (iii) the keeping and storage of first aid kits and medications;

Principals:

To ensure safe disposal of sharps and effective grounds checks are used to ensure Service areas remain safe and that medication policies are followed to assure safe practices that support families, children, young people and staff.

Procedures:

Parents/guardians and visitors will:

- Will ensure no sharps are brought onto the premises with the exception only of medically required medications.
- Are responsible for any medically required sharps they bring to the premises and their appropriate disposal.
- Ensure any medical sharps being brought to the Service for their child are handed directly to educators and not left in student bags.
- Report any sharp hazard that may result in a risk to the health and safety of children and young people attending the Service.

Educators and Lead Educators will:

- Warn children and young people of the dangers of foreign objects such as syringes and glass.
- Inspect the outside play areas, sandpits etc. each day prior to the children and young people entering the playgrounds to check for foreign objects e.g. syringes, glass, other sharp objects etc.
- Educators who care for a student requiring daily insulin injections will be adequately trained in the care of the student and the safe use and disposal of injections and test equipment.
- Fully supervise children and young people who self-test and self-administer insulin injections.
- Ensure no sharps are brought onto the premises with the exception only of medically required medications.

- Are responsible for any medically required sharps they bring to the premises and their appropriate storage and disposal.
- Report any sharp hazard that may result in a risk to the health and safety of children and young people attending the Service.
- Safely disposed of broken glass or other sharp objects. Broken glass needs to be removed using suitable gloves, wrapped in newspaper, taped securely and disposed of in a bin where children and young people and other staff cannot access it.

Protocol for disposal of discarded sharps/syringes:

- Note location of sharps item.
- Ask a staff member to stay with the item and keep children and young people clear of the area.
- Put on double disposable latex gloves or vinyl gloves if available.
- Bring the rigid-walled, puncture-resistant, sealable, sharps container to the syringe.
- Place the container on the ground or flat surface beside the syringe.
- If there are a number of syringes, separate with a stick.
- Pick up the syringe by the middle of the barrel
(NOTE: Do not use a dustpan & brush to “sweep up” the syringe or use tongs as the syringe may flick into the air and cause further risk).
- Place the syringe in the container sharp end first.
- Securely place the lid on the container and ensure it is sealed. Hold the container by the top when carrying.
- Remove gloves carefully so any contaminated fluid on the glove does not come into contact with your hand. Wash your hands with running water and soap.

Diabetic children and young people

- Educators need to follow the same procedure for the disposal of syringes which may be used for the treatment of child or young person with Type 1 Diabetes while they are attending the Service.
- Additional approved training will be undertaken by key staff to conduct blood glucose level testing and the administration of insulin injections if required. Educators will fully supervise children and young people who self-manage their diabetes.

What to do if a needle stick injury occurs

- Encourage the wound to bleed (gently squeeze) and wash the area with running water and soap.
- Apply an antiseptic and band aid.
- Report the incident to the Nominated supervisor who will notify the Management Committee and will follow the correct procedures for notifying the Regulatory authorities.
- It is important to person with the needle stick injury is medically assessed as soon as possible. Visit the local doctor or hospital emergency department promptly; they will manage blood testing, counselling and possible hepatitis B and tetanus vaccination and/ or medication.
- An “Injury, Trauma, Illness & Incidents” Form must be completed as soon as possible.
- Complete Workers Compensation Forms.
- Follow up the incident with a debriefing session.

Approved provider & Nominated Supervisor will:

- Provided educators with information as to the correct process for the collection and disposal of sharps/ syringes/ diabetes test strips.
- Ensure that there is adequate and accessible resources for the disposal of sharps which comply with Australian Standards. Currently in use is the approved AS/NZS 4261: ‘Reusable Containers for the Collection of Sharps –Medical Items used in Human and Animal Applications’.

- Follow the correct procedures for notifying the Regulatory authority. The parents/ guardians will be notified as soon as possible. An “Injury, Trauma, illness & Incidents” form must be completed as soon as possible.
- Take reasonable steps to ensure that nominated supervisors, educators and staff follow these policies and procedures.
- Share the ‘Sharps and Foreign Objects Policy and Procedure’ with all employees upon their induction and ensure that copies of the policy and procedures are readily accessible to nominated supervisors, co-ordinators, educators and staff, and available for inspection.
- Additional professional development will be provided as needed and during review processes.
- All Service policy will be reviewed 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 Policies & Procedures
- Mueller OSHC First Aid Policy & Procedure
- Mueller OSHC Infectious Disease Policy & Procedure
- Mueller OSHC Providing a Child Safe Environment Policy & Procedure
- Mueller OSHC Medical Conditions Policy & Procedure
- Mueller OSHC Medication Policy & Procedure

REFERENCES:

- Mueller College Sharps Policy
- Health and Safety Fact Sheet – Organisational Health Department of Education,
- Training and Employment, Queensland Government
- Handling, Using and Disposing of Needles and Sharps – UWS Early Learning Ltd.
- 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
- Guide to the National Quality Framework, Revised September 2025
- National Quality Standard, Revised 1 February 2018
- Guide to the National Quality Standard, Revised May 2022

REVIEW

POLICY REVIEWED BY:	Rachel Rose	OSHC Director	23/09/25
POLICY REVIEWED	SEPT 2025	NEXT REVIEW DATE	JAN 2026
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MODIFICATIONS	<ul style="list-style-type: none"> • Updated references 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	PAST REVIEW DATE	
	<ul style="list-style-type: none"> • Updated references • Addition of review table 	JAN 2025	
	<ul style="list-style-type: none"> • New format – added term definitions 	MAY 2025	