



# Incident, Injury, Trauma and Illness

Policy Title	Incident, Injury, Trauma and Illness
Policy version	V2
Review Cycle	2 Years
Last Review Date	
Implementation Date	March 2026
Next Review Date	February 2028

## Policy Statement

SHARE OOSH minimises and manages incidents, injury, illness and trauma by providing safe environments, practising active supervision, and responding quickly and proportionately when events occur. We keep accurate, confidential records, notify families promptly, and meet all legal notification and retention requirements. Clear roles and simple procedures guide educators to give first aid, escalate when required, and document events respectfully.

This policy applies across all operations, including excursions and transport, and works alongside related procedures such as first aid, emergency and evacuation, medical conditions, infectious disease, and child safe practice. We review practice regularly to keep our approach practical, consistent, and focused on children's wellbeing.

# Definitions

<b>Approved anaphylaxis management training</b>	Anaphylaxis management training approved by ACECQA and published on the list of approved first aid qualifications and training.
<b>Approved emergency asthma management training</b>	Emergency asthma management training approved by ACECQA and published on the list of approved first aid qualifications and training.
<b>Approved first aid qualification</b>	A qualification that includes specified first aid competencies (e.g. emergency life support, CPR, management of convulsions, severe bleeding, injury and wound care, use of an adrenaline autoinjector) and is approved by ACECQA on its published list.
<b>Authorised delegate</b>	A person formally authorised by the Approved Provider to submit notifications to the Regulatory Authority on the Approved Provider's behalf.
<b>Emergency</b>	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 (e.g. fire, flood, lockdown).
<b>Emergency services</b>	Ambulance, fire brigade, police or state emergency services.
<b>First aid</b>	The immediate treatment or care given to a person suffering an injury or illness until more advanced care is provided or the person recovers.
<b>Hazard</b>	A source of potential harm, or a situation that could cause harm to people or property (physical, chemical, biological, mechanical or psychological).
<b>Illness</b>	Any condition where a child becomes or appears unwell while in the service's care (e.g. fever, vomiting, diarrhoea, respiratory symptoms, rash, lethargy, "not their usual self"), or a known condition that worsens. Includes cases initially uncertain that become clear during observation.
<b>Incident</b>	Any event or circumstance (not better described as an injury or an illness) that affects, or could reasonably have affected, a child's safety, health or wellbeing while in our care, including behaviour-related events, hazards, equipment failures, missing/locked-in/out, or unauthorised removal.
<b>Injury</b>	Any physical harm to a child's body, from minor (e.g. graze, bruise) to significant (e.g. suspected fracture, deep laceration, dental or eye injury, burn, head knock). All injuries are recorded.
<b>Medical attention</b>	Care provided by a registered medical practitioner or at a hospital.
<b>Medical emergency</b>	An injury or illness that is acute and poses an immediate risk to a person's life or long-term health.

<b>Medical management plan (MMP)</b>	A document written and signed by a medical practitioner for a specific child that includes the child's details and photo, outlines symptoms and triggers, and gives clear instructions for action and treatment.
<b>Medication</b>	Any medicine within the meaning of the Therapeutic Goods Act 1989, including prescription, over-the-counter and complementary medicines listed on the Australian Register of Therapeutic Goods.
<b>Minor incident</b>	An incident that results in a small injury and does not require medical attention (e.g. review by a doctor or hospital attendance). It may still require first aid at the service (e.g. clean, bandage, ice) and must be responded to and recorded in line with this policy.
<b>Notifiable incident</b>	An incident that seriously compromises the safety, health or wellbeing of children and must be notified to the Regulatory Authority and to parents within required timeframes (includes allegations of physical or sexual abuse occurring at the service).
<b>Serious incident</b>	For the purposes of the Law and Regulations, a prescribed serious incident includes: the death of a child while being educated and cared for (or following an incident that occurred while in care); any incident involving serious injury or trauma requiring urgent medical attention or for which the child attended, or ought reasonably to have attended, a hospital; any incident involving serious illness for which the child attended, or ought reasonably to have attended, a hospital; any emergency for which emergency services attended; and any circumstance where a child appears missing or cannot be accounted for, appears to have been taken or removed in contravention of the Regulations, or is mistakenly locked in or locked out.
<b>Trauma</b>	A distressing or adverse event experienced or witnessed by a child that results in significant physical and/or psychological impact (e.g. frightening accident, witnessing an emergency, severe shock).

# NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
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, practised and implemented.
2.2.3	Child Safety and Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

QUALITY AREA 3: PHYSICAL ENVIRONMENT		
3.1.1	Fit for purpose	Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child.
3.1.2	Upkeep	Premises, furniture and equipment are safe, clean and well maintained.

## QUALITY AREA 7: GOVERNANCE AND LEADERSHIP

7.1.2	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service.
7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service.

## Legislative And Regulatory References

### EDUCATION AND CARE SERVICES NATIONAL LAW

165	Offence to inadequately supervise children
167	Offence relating to protection of children from harm and hazards
174	Offence to fail to notify certain information to Regulatory Authority

### EDUCATION AND CARE SERVICES NATIONAL REGULATIONS

12	Meaning of serious incident
77	Health, hygiene and safe food practices
84	Awareness of child protection law
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
88	Infectious diseases

89	First aid kits
90	Medical conditions policy
93	Administration of medication
94	Exception to authorisation requirement-anaphylaxis or asthma emergency
95	Procedure for administration of medication
97	Emergency and evacuation procedures
103	Premises, furniture and equipment to be safe, clean and in good repair
136	First aid qualifications
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record
168	Education and care Service must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
172	Notification of change to policies and procedures
175	Prescribed information to be notified to regulatory authority
175	Prescribed information to be notified to regulatory authority
176	Time to notify certain circumstances to regulatory authority
177	Prescribed enrolment and other documents to be kept by approved provider
183	Storage of records and other documents

## Related Policies

- Acceptance and Refusal of Authorisations
- Administration of First Aid
- Behaviour Guidance
- Dealing with Infectious Diseases
- Dealing with Medical Conditions
- Delivery and Collection of Children
- Emergencies and Evacuations
- Enrolment & Orientation
- Excursions
- Governance & Management
- Interactions with Children
- Providing a Child Safe Environment
- Safe use of Digital Technologies and Online Environments
- Supervision

## Purpose

This policy sets out how SHARE OOSH prevents, responds to, and documents incidents, injuries, illnesses and trauma, so that children are kept safe and well and educators can act with confidence and consistency.

Specifically, this policy aims to:

- Protect children by embedding safe environments, active supervision, and proportionate, timely responses when events occur.
- Provide clear thresholds, definitions and examples so educators can decide when to give first aid, escalate, notify families, and complete a record.
- Ensure accurate, confidential records are created and kept, and that required notifications and retention timeframes are met.
- Clarify roles and responsibilities for the Approved Provider, Nominated Supervisor, Responsible Person, educators and families.
- Apply consistently across all parts of our service, including excursions and transport.
- Support ongoing quality improvement by identifying common causes and reducing the likelihood and impact of future events.

## Guiding Principles

The following principles set the standard for how SHARE OOSH prevents, responds to, and documents incidents, injuries, illnesses and trauma across everyday practice, excursions and transport.

- **Child safety and wellbeing** — decisions and actions prioritise each child's safety, health, dignity and cultural safety.
- **Prompt, proportionate response** — deliver first aid quickly, assess seriousness, and escalate (including emergency services) when indicated.

- **Family partnership** — notify families in plain language and work with them on next steps.
- **Clarity and consistency** — use clear thresholds, definitions and examples so staff know when to treat, escalate, notify and complete a record.
- **Capability and practicality** — equip educators with simple procedures and quick-reference tools suited to a busy OSHC environment.
- **Confidentiality and continuous improvement** — keep accurate, secure records and make reasonable adjustments to reduce repeat causes.

## Procedures

### Preventative strategies

- Design and equipment — modify spaces and layout; remove or repair hazards; install safety features; keep premises, furniture and toys safe, clean and in good repair.
- WHS checks and risk assessments — run regular audits (indoor/outdoor), document controls, and review risk assessments (including excursions/transport) without unnecessarily restricting children's risky play.
- Supervision and grouping — follow Supervision Policy, thoughtfully group children, adjust supervision at known peak times and locations, and review supervision plans and ratio checks regularly.
- Educator capability — provide ongoing training, refreshers and quick-reference tools on first aid, head injuries, illness triage, and Incident/Injury/Illness/Trauma (IIIT) recording; ensure first aid coverage at all times.
- Infection control and immunisation — apply and reflect on infection-control procedures; keep children's immunisation records up to date; use exclusion guidance when required.
- Family communication — provide reminders and practical information to children and families about health and safety practices and expectations.
- Data and learning — collate and analyse incident data to identify trends (e.g., outdoor areas, mid-afternoon), then adjust environment, supervision and programming accordingly.
- Dedicated roles/teams — assign responsibilities (e.g., WHS Team to track trends, first-aid kit checks, PPE checks) so tasks are owned and actioned.

## For all events (apply first, then follow the relevant type)

1. Ensure immediate hazards are controlled and provide first aid/support.
2. Alert the Responsible Person.
3. Call 000 if indicated.
4. Remove/secure the hazard and return to ratios.
5. Complete and publish an Incident/Injury/Illness/Trauma (IIIT) record in OWNA as soon as practicable and within 24 hours.
6. Monitor the child as advised (e.g., observation after head injury).

Service rule: OWNA publication constitutes the family notification. Additional contact (e.g., phone) may be used at the Responsible Person's discretion for urgent coordination (e.g., ambulance, immediate collection).

## Injury (occurred at the service)

Scope/examples: all bodily harm (e.g., cuts, grazes, bruises, sprains, suspected fractures, dental injuries, eye injuries, burns, head knocks).

### Steps:

1. Stop activity, ensure immediate hazards are controlled; provide first aid.
2. Determine severity; call 000 if indicated.
  - If an ambulance is required, the Nominated Supervisor or Responsible Person calls 000 and coordinates the site response.
  - A first aid-qualified educator will accompany the child in the ambulance to hospital, taking the child's medication, medical action plan, and the service phone. The Responsible Person remains at the service (or excursion site) to maintain legal compliance.
  - Parents/guardians are contacted immediately with clear information about where the child is being taken and by whom.
3. Secure the hazard; document any control taken.
4. Record and publish an IIIT entry in OWNA and report to Responsible Person.

### Head injury procedure (applies to any knock to the head):

- Provide first aid (rest, ice, wound care); observe for signs of concussion (loss of consciousness, vomiting, worsening headache, confusion, drowsiness, seizure, unequal pupils, neck pain, abnormal behaviour).
- Call 000 if signs of concussion are present.
- Notify the parent/guardian immediately by phone or text (regardless of apparent severity). If unreachable on the first method, attempt a second method and leave a time-stamped message. Continue observation and document all contact attempts in the record.

- Record and publish an IIIT entry.
- Observe for 30 minutes (maintain ratios; child must rest quietly with active supervision).
- Provide take-home observation advice via the record to parent/guardian; Nominated Supervisor or Responsible Person may also phone where immediate discussion is required (e.g., suspected concussion, doubt, ambulance).

## Illness (onset at the service)

Scope/examples: fever, vomiting, diarrhoea, rash, respiratory symptoms, sudden deterioration.

### P1. When unsure the child is unwell (triage pathway)

1. Initial check: Move to a calm spot. Ask simple questions and observe.
2. Temperature check:
  - No fever and no clear signs: begin observation.
3. Observe for 30 minutes (maintain ratios; child may rest quietly or rejoin play with light supervision).
4. Decision at 30 minutes:
  - Child re-engages in play; no signs; no IIIT record required. Verbally tell the parent at pickup (brief note of what the child said and that they returned to play).
  - Child still unwell (e.g., lethargic, not their usual self, not engaging): proceed to P2 "Clearly unwell" pathway.

Note: If at any time the child's condition worsens, switch immediately to P2.

### P2. Clearly unwell (or becomes clear during observation)

1. **Care and separation:** Move the child to a comfortable, supervised area (reduce exposure where practicable).
2. **Plans and first aid:** Follow the child's medical plan; administer medication only with current authorisation; follow Administration of First Aid policy; call 000 if indicated.
3. **Collection:** Contact parent/guardian to arrange collection where appropriate (e.g., symptoms consistent with exclusion; child has temperature at or above 38 degrees; or persistent malaise).
4. **Documentation:** Publish an IIIT record in OWNA as soon as practicable and within 24 hours (include onset time, symptoms, care provided, temperature tests, advice given).
5. **Exclusion info:** Provide exclusion guidance where applicable (e.g., gastrointestinal or febrile illness).
6. **Monitor:** Continue to observe until collected/settled; handover to family with key details reflected in the record.

### P3. Always record and publish IIIIT record if any of the following occurred

- Medication (beyond routine preventive use) was given for illness symptoms.
- Parent/guardian was contacted to collect due to illness.
- Emergency services were called, or urgent assessment was warranted.
- Symptoms persisted beyond the 30-minute observation (P1), and you moved to P2.
- Any exclusion advice was provided.

## Emergency administration without prior authorisation

If a child experiences an anaphylaxis or asthma emergency, educators may administer emergency medication (e.g. adrenaline auto-injector, reliever inhaler) without prior written authorisation (Reg 94). Standard first aid is followed immediately (including calling an ambulance when indicated) and a qualified first aider coordinates care (Reg 136).

The Nominated Supervisor (or Approved Provider when the Nominated Supervisor is on leave) ensures:

- a) the family is notified as soon as practicable (Reg 86).
- b) an IIIIT record is completed within 24 hours (Reg 87).
- c) where the event meets "serious incident" criteria, notification to the Regulatory Authority occurs within 24 hours (s174, Reg 176).

Procedures for administration of medication (Reg 95) apply as far as practicable in the circumstances.

On instances where the Nominated Supervisor is unavailable, for example on leave, the Responsible Person on duty must notify the Approved Provider to ensure the notification to the Regulatory Authority occurs within 24 hours.

## Incident (non-illness, may or may not include injury)

Scope/examples: missing/locked in/out/removed without authorisation; emergency services attendance; behaviour-related events.

General steps:

1. Maintain supervision; call 000 if indicated.
2. Secure or remove hazards; note any immediate controls.
3. Record and publish an IIIIT entry in OWNA.

Behaviour-related incident:

- Prioritise safety and first aid.

- Two records: one for the child who was harmed and one for the child who caused harm. Use neutral, factual language; do not identify other children in family copies.
- Publish both records.
- Act in tandem with Behaviour Guidance policy (e.g., supports, plans).

## Serious Incidents

For the purposes of this policy, a serious incident is one prescribed under Regulation 12 and includes:

- The death of a child while being educated and cared for by the service, or following an incident that occurred while the child was being educated and cared for by the service.
- Any incident involving serious injury or trauma to a child which a reasonable person would consider required urgent medical attention from a registered medical practitioner, or for which the child attended, or ought reasonably to have attended, a hospital.
- Any incident involving serious illness of a child for which the child attended, or ought reasonably to have attended, a hospital.
- Any emergency for which emergency services attended the service or excursion.
- Any circumstance where a child appears to be missing or cannot be accounted for, appears to have been taken or removed from the service in contravention of the Regulations, or is mistakenly locked in or locked out of the service premises.
- (Record the event under the appropriate type—injury, illness, incident or trauma—and mark it as a serious incident.)

## Reporting to the Regulatory Authority

- **Responsible:** The Approved Provider or an authorised delegate.
- **Authorised delegate (for the Service):** The Nominated Supervisor is authorised to submit serious incident notifications on behalf of the Approved Provider.
- **When the Nominated Supervisor is unavailable (e.g. on leave):** The Approved Provider (or another authorised delegate) submits the notification within 24 hours. The Responsible Person escalates the matter to the Approved Provider within the required timeframe and emails the Nominated Supervisor as soon as practicable with a factual summary.
- **Timeframe:** Within 24 hours of the service becoming aware of the serious incident.
- **Method:** Submit the Serious Incident notification via the NQAITS.
- **Post-submission:** Record the submission time and reference number in the incident record; file the confirmation with the record; cooperate with any Regulatory Authority request for further information.

## Death of a child

The following requirements apply in addition to the service's emergency and documentation procedures.

- **Emergency response:** Call 000 immediately. Follow directions from ambulance/police. Do not move the child or disturb the area unless directed by emergency services.
- **Scene management and supervision:** Secure the area. The Nominated Supervisor or Responsible Person reallocates staff to maintain supervision and reduce exposure of other children to the scene.
- **Family notification:** Confirm with police/ambulance who will notify the family and when. If directed to notify, the Nominated Supervisor and/or the Approved Provider contacts the parent/guardian promptly in calm, factual language and documents all contact attempts/times.
- **Accompaniment:** If emergency transport occurs, an educator accompanies the child if directed/appropriate, taking the child's medication, medical action plan and the service phone, while ensuring supervision of remaining children is maintained. The Responsible Person must stay on site in compliance with the law.
- **External notifications:** The Approved Provider or authorised delegate submits the serious incident notification within 24 hours. If the Nominated Supervisor is not available, the Responsible Person escalates to the Approved Provider immediately and provides a written summary to the Nominated Supervisor as soon as practicable.
- **Communication and privacy:** Do not share details publicly or on social media. Refer all media enquiries to the Approved Provider. Maintain strict confidentiality for the child, family and staff.
- **Records and preservation:** Complete and publish the incident record; preserve associated documents (notes, rosters, first-aid logs, risk assessments) and do not alter the scene unless directed.
- **Support and follow-up:** Provide immediate support and debrief arrangements for children, families and staff. Restock kits, replace used medication, and consider proportionate environmental or supervision adjustments. Avoid speculation or apportioning blame in any documentation.

## Trauma (exposure to a distressing event)

Scope/examples: witnessing or being involved in a frightening event (at the service or on excursion), acute distress following news/events.

Steps:

- Move to a quiet, supported space; offer reassurance and regulate the environment.
- Provide first aid if needed; call 000 if indicated.
- Record and publish an IIIT entry in OWSA (brief, objective description; immediate supports provided).
- Responsible Person to consider short-term adjustments to routine/space if needed.

## Documentation, notification, privacy and record-keeping



- **System:** OWNA is where the IIT records are generated and stored.
- **Who completes:** the witnessing/first-responding educator; the Responsible Person reviews and signs off.
- **Timeframe:** create and publish the record as soon as practicable and within 24 hours. Publication notifies the primary carer.
- **Images (if used):** only where necessary to document a serious injury or hazard; a second staff member witnesses; upload to the record; delete from the service-owned device and "Recently Deleted" immediately. This procedure must follow the Safe Use of Digital Technologies and Online Environments Policy.
- **Privacy:** share only what is required; do not include identifying details of other children in family copies.
- **Retention:** retain records securely for required periods.
- **Updates to medical/risk plans:** parents/guardians can advise changes verbally on site, by phone, by email or via service messaging; Nominated Supervisor or Responsible Person updates the plan, date-stamps, and circulates to staff.

## Excursions and Transport

- Carry first aid kits, emergency medication, and communications devices.
- Apply the same event-type procedures off-site.
- If connectivity prevents immediate publishing, complete and publish the record as soon as practicable (on site or on return).
- For urgent coordination (e.g., ambulance, early collection), the Nominated Supervisor or Responsible Person or excursion lead may additionally call the family.

# Roles and Responsibilities

ROLE	RESPONSIBLE FOR
Approved Provider	<ul style="list-style-type: none"> <li>• Ensures this policy and procedures are in place, implemented, and accessible to staff and families.</li> <li>• Provides adequate resources (first aid equipment, training, staffing, and system access) to meet supervision and safety needs.</li> <li>• Ensures legal obligations are met for notifications, records, privacy, and retention.</li> <li>• Supports the Nominated Supervisor to respond to and review serious incidents.</li> <li>• Oversees version control, approval, and scheduled review of the policy.</li> </ul>
Nominated Supervisor	<ul style="list-style-type: none"> <li>• Leads decision-making for serious incidents and regulatory notifications within required timeframes.</li> <li>• Ensures IIIT records are completed and published within 24 hours.</li> <li>• Confirms families are notified via publication; ensures additional contact when urgent coordination is required.</li> <li>• When practical, allocates roles during incidents (e.g., first aid lead, runner) and maintains supervision continuity.</li> <li>• Ensures head-injury and other micro-procedures are followed and understood.</li> <li>• End-of-day check reviews the system for draft/unpublished records and resolves before close.</li> <li>• Ensures updates and circulates changes to children's medical/risk plans advised by families.</li> </ul>
Responsible Persons	<ul style="list-style-type: none"> <li>• Applies the decision flow (make safe, assess, escalate, call 000 if indicated).</li> <li>• Confirms IIIT records are created and published within 24 hours.</li> <li>• Determines, with staff input, whether an event meets serious-incident criteria and notifies the Nominated Supervisor (or the Approved Provider when the Nominated Supervisor is unavailable) within required timeframe; if reported to the Approved Provider, informs the Nominated Supervisor at the earliest opportunity.</li> <li>• Coordinates on-site response and communication during excursions and transport.</li> </ul>
Educators	<ul style="list-style-type: none"> <li>• Provide first aid within their training, make the area safe, and maintain supervision of the group.</li> <li>• Follow the relevant procedure (injury, illness, incident, trauma).</li> <li>• Complete and publish an IIIT record for all injuries and for illnesses/incidents/trauma as required, within 24 hours.</li> <li>• Use neutral, factual language; protect privacy (do not include identifying details of other children in family copies).</li> </ul>

	<ul style="list-style-type: none"> <li>• For behaviour incidents, complete two records (child harmed and child who caused harm).</li> <li>• Implement head-injury steps for any knock to the head and escalate red flags immediately.</li> <li>• Report hazards and controls taken to the Responsible Person.</li> </ul>
Families	<ul style="list-style-type: none"> <li>• Provide accurate enrolment, medical and emergency contact information and update promptly.</li> <li>• Advise changes to medical/risk plans via acceptable channels (in person, phone, email, service messaging).</li> <li>• Collect the child promptly when requested due to illness or injury and follow exclusion guidance where applicable.</li> <li>• Review and acknowledge published records in a timely manner.</li> <li>• Supply and maintain authorised medications, plans and equipment (e.g., EpiPen, inhaler).</li> </ul>
Other Staff	<ul style="list-style-type: none"> <li>• Support incident response by assisting with communications, locating records, and isolating hazards when requested.</li> <li>• Maintain equipment and spaces per safety checks; report hazards immediately.</li> <li>• Uphold confidentiality and privacy for all records.</li> </ul>
Students/Volunteers	<ul style="list-style-type: none"> <li>• Follow directions from supervising educators and the Nominated Supervisor and Responsible Person at all times.</li> <li>• Do not administer first aid or medication unless authorised and directly supervised.</li> <li>• Maintain confidentiality and report any concerns immediately to their supervisor.</li> </ul>

## Induction and Ongoing Training

### Induction (before independent duty)

- New staff working directly with children complete policy induction, first aid orientation (including head-injury and IIIT procedures), and a supervised walk-through of medical stations, first aid kits, OWNA IIIT entry, and excursion kits.

### Supervision eligibility

- Educators are not assigned to supervise service zones alone until they hold current first aid (including anaphylaxis and asthma) certificate and have completed induction.

### Minimum coverage each session

- All educators maintain current first aid. The service will aim, whenever practicable, to always have at least one first-aid qualified educator present in every active area of the service and on all transports/excursions. At minimum, at least one first-aid qualified staff member will be present when the service is in operation (Reg 136).

### Ongoing refreshers and scenario practice

- In-service refreshers occur in team meetings and ad hoc in response to observations (e.g., head-injury cues, red-flag symptoms, OWNA publishing).



- Micro-drills (e.g., "serious incident" decision flow, emergency medication exception for asthma/anaphylaxis) are rotated through the year.

#### Records

- The training register tracks induction, currency, refreshers and drill participation.

## Monitoring, Evaluation, and Review Process

### Monitoring

- Responsible Person runs end-of-day checks for draft/unpublished IIIT records
- Confirms consistent first aid coverage, and that procedures (including OWSA publishing) are practical and being followed.

### Evaluation

- After serious medical incidents or identified risks, record what worked and what needs to change in procedures, training, equipment or documentation.

### Review

This policy will be formally reviewed at least every two years, or earlier if:

- legislation or regulations change,
- After serious medical incidents or identified risks, record what worked and what needs to change in procedures, training, equipment or documentation or,
- procedure changes.

All staff are consulted as part of the review process, and families are invited to contribute feedback.

The Management Committee endorses all updates and ensures staff re-sign to confirm awareness.

Version control is maintained on the policy. Families are informed of significant changes with appropriate notice, and related documents (procedures and welcome pack) are updated accordingly.