

INCIDENT, INJURY, TRAUMA AND ILLNESS POLICY

NQS

Quality Area 2: Children's Health and Safety		
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, practiced and implemented.
2.2.3	Child 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.

REGULATIONS

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
97	Emergency and evacuation procedures
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record

AIM

The service and all Educators have a duty of care to respond to and manage illnesses, accidents, incidents & trauma that occur at the Service to ensure the safety and wellbeing of children, educators and visitors. This policy will guide educators to manage illness and prevent injury and the spread of infectious diseases.

IMPLEMENTATION

This policy, and related policies and procedures at the service will 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.

The approved provider of the service will ensure that a parent of a child is notified as soon as practicably possible and without undue delay. Parents will be notified no later than 24 hours after the involvement of their child in the above-mentioned experiences. The service will also ensure that an Incident, Injury, Trauma and Illness Record is completed in full and without delay and a notification is given to ECRU if a *serious incident* is to occur. In the case where a parent or guardian brings an injury/illness to the services attention, the service will seek information that can give information on the injury/or illness. An incident report maybe written up if the parent requests it. Even without an incident report, the service will report it to ECRU.

IDENTIFYING SIGNS AND SYPTOMS OF ILLNESS

Early Childhood Educators and Management are not doctors and are unable to diagnose an illness of infectious disease. To ensure the symptoms are not infectious and minimise the spread of an infection medical advice is required to ensure a safe and healthy environment.

Symptoms indicating illness may include:

- Behaviour that is unusual for the individual child
- High Temperature or Fevers
- Loose bowels
- Faeces with grey, pale or contains blood
- Vomiting
- Discharge from the eye or ear
- Skin that display rashes, blisters, spots, crusty or weeping sores
- Loss of appetite
- Dark urine
- Headaches
- Stiff muscles or joint pain
- Continuous scratching of scalp or skin
- Difficult in swallowing or complaining of a sore throat
- Persistent, prolonged or severe coughing
- Difficulty breathing

ILLNESSES, EXCLUSIONS AND SENDING HOME

The aim of exclusion is to reduce the spread of infectious disease. The less contact there is between people who have an infectious disease and people who are at risk of catching the disease, the less chance the disease has of spreading. Excluding ill children, educators and other staff is an effective way to limit the spread of infection in education and care services.

Children displaying any signs of illness must be kept away from the service to prevent any spread of illness or infection. Parents/Families/Carers are asked to inform the centre if their child is ill and will not be attending the service. Educators are not responsible for decisions about the primary health care of sick children. Sick children need to be in the care of their parents/carers so that the parents/carers can make these important decisions.

If parents/carers are contacted by the service about collecting an ill child, we expect you will collect your child as soon as practicable or for the parent/carer to arrange for someone to collect their child so as to minimise further infection throughout the centre. This is extremely important as an ill child needs to be in the care of their families or carer. The way that children interact with each other and with adults in education and care services means that diseases can quickly spread in a variety of ways. Children, especially younger children, have close contact with other people through playing or cuddling; they often put objects in their mouths; and they may not always cover their coughs or sneezes. Because some germs can survive on surfaces, children may touch a contaminated surface, then put their hands in their mouth and become infected. If a child has an ill sibling at home, they could also be incubating the illness, and risk bringing germs from home into the education and care service.

A Doctors certificate may be required prior to returning to the Service. If your child has been away due to illness, please check with the Service as to whether or not you will need a certificate before your child returns. It is at management and the educator's discretion if a medical clearance is enough for your child to return to the service. If your child is still displaying signs of illness, such as a green nose, cough, high fevers, rash, vomiting or constant loose bowels your child will not be permitted to return to care. This is for the protection of your child, other children and the staff members of the service.

Should a child become ill whilst at the service, the service will allocate an appropriate area to isolate the child in a safe manner away from other children until they are picked up by a parent or guardian.

We have a duty of care to ensure that all children, educators, carers, families, management, volunteers and visitors are provided with a high level of protection during the hours of the Service's operation. Infections are by far the most common cause of fever in children. In general, a fever is nature's response to infection, and can actually help the body fight infection.

High Temperatures

Children get fevers or temperatures for all kinds of reasons. Most fevers and the illnesses that cause them last only a few days. But sometimes a fever will last much longer, and might be the sign of an underlying chronic or long-term illness or disease.

Recognised authorities define a child's normal temperature will range between 36.0°C and 37.0°C, this will often depend on the age of the child and the time of day.

Any child with a high fever or temperature reaching 38°C or higher will not be permitted to attend the Service until 24 hours after the temperature/fever has subsided without pain relief. You may be asked for a medical clearance to return to care.

Methods to reduce a child's temperature or fever

- Encourage the child to drink plenty of water (small sips), unless there are reasons why the child is only allowed limited fluids
- Remove excessive clothing (shoes, socks, jumpers, pants etc.) Educators will need to be mindful of cultural beliefs.
- Sponge a wet flannel on the child's forehead, back of neck and exposed areas of skin
- If requested by a parent or emergency contact person, staff may administer Paracetamol for temperatures above 38°C in an attempt to bring the temperature down, however, a parent or emergency contact person must still collect the child.
- The child's temperature, time, medication, dosage and the staff member's name will be recorded and the parent asked to sign the Medication Form on arrival

When a child has a high temperature or fever

- Educators will notify parents when a child registers a temperature of 38°C or higher.
- Should the service not reach parent or guardians, emergency contacts will be contacted and / or ambulance where necessary
- The child will need to be collected from the Service and will not be permitted back for a further 24 hours after the child's last temperature.

- Educators will complete an illness record and note down any other symptoms that may have developed along with the temperature (for example, a rash, vomiting, etc.)

Colds/flu (running nose)

Colds are the most common cause of illness in children and adults. There are more than 200 types of viruses that can cause the common cold. Symptoms include a runny or blocked nose, sneezing and coughing, watery eyes, headache, a mild sore throat and possibly a slight fever.

Nasal discharge may start clear, but can become thicker and turn yellow or green over a day or so. Up to a quarter of young children with a cold may have an ear infection as well, but this happens less often as the child grows older. Watch for any new or more severe symptoms—these may indicate other, more serious infections. Infants are protected from colds for about the first 6 months of life by antibodies from their mothers. After this, infants and young children are very susceptible to colds because they are not immune, they have close contact with adults and other children, they cannot practice good personal hygiene, and their smaller nose and ear passages are easily blocked. It is not unusual for children to have five or more colds a year, and children in education and care Services may have as many as 8–12 colds a year.

As children get older, and as they are exposed to greater numbers of children, they get fewer colds each year because of increased immunity. By 3 years of age, children who have been in group care since infancy have the same number of colds, or fewer, as children who are cared for only at home.

Management have the right to send to children home if they appear unwell due to a cold or general illness. Children can become distressed and lethargic when unwell. With discharge coming from the children's nose and coughing, can lead to germs spreading to other children, Educators, toys and equipment. Management will assess each individual case prior to sending the child home.

We understand that a running nose (clear or green) may not be a sign of an infection however if a child also has a temperature over 38 and is lethargic, we will require you to collect your child.

Diarrhoea and Vomiting (Gastroenteritis)

Gastroenteritis (or 'gastro') is a general term for an illness of the digestive system. Typical symptoms include abdominal cramps, diarrhoea and vomiting. In many cases, it does not need treatment, and symptoms disappear in a few days. Gastroenteritis can cause dehydration because of the large amount of fluid lost through vomiting and diarrhoea. A person suffering from severe gastroenteritis may need fluids intravenously.

We ask parents/carers to collect their child after 3 loose bowel movements for the protection of staff and other children, either until 24hrs after the loose movements have stopped or a medical clearance is given by a certified doctor. Vomiting will be at the discretion of the responsible person.

Children on medication

A 24hour exclusion after medication means that children are excluded for 24 hours after commencing a course of antibiotics, antifungal or any other medication (regardless if

the child has taken the medication before). This gives time for the medication to begin to take effect and allows time to observe any adverse reactions to the medication. Children can have allergic reactions to medications they may have already taken in the past, also if a child is on medication due to illness the best place for them is to be at home to recover. If you have any questions, please see the office.

Immunisations

To protect children within our service, all children who receive vaccinations (immunisations and flu-shots inclusive) are able to return to care the following day after they receive the injection. This gives time for the injection to begin to take effect and allows time to observe for any reactions the child may have. Should children present with illness symptoms, i.e. high temperature, lethargy, rash etc they will need to be collected from the service.

Serious Injury, Incident or Trauma

Regulations require the Approved Provider or Nominated Supervisor to notify Regulatory Authorities within 24 hours of any serious incident at the Service. The definition of serious incidents that must be notified to the regulatory author is:

- a) The death of a child:
 - (i) While being educated and cared for by an Education and Care Service or
 - (ii) Following an incident while being educated and cared for by an Education and Care Service.

- (b) Any incident involving serious injury or trauma to, or illness of, a child while being educated and cared for by an Education and Care Service, which:
 - (i) A reasonable person would consider required urgent medical attention from a registered medical practitioner or
 - (ii) For which the child attended, or ought reasonably to have attended, a hospital. For example: whooping cough, broken limb and anaphylaxis reaction

- (c) Any incident where the attendance of emergency services at the Education and Care Service premises was sought, or ought reasonably to have been sought

- (d) Any circumstance where a child being educated and cared for by an Education and Care Service
 - (i) Appears to be missing or cannot be accounted for or
 - (ii) Appears to have been taken or removed from the Education and Care Service premises in a manner that contravenes these regulations or
 - (iii) Is mistakenly locked in or locked out of the Education and Care Service premises or any part of the premises.

A serious incident should be documented as an incident, injury, trauma and illness record as soon as possible and within 24 hours of the incident, with any evidence attached.

Trauma defines the impact of an event or a series of events during which a child feels helpless and pushed beyond their ability to cope. There are a range of different events that might be traumatic to a child, including accidents, injuries, serious illness, natural disasters, war, terrorist attacks, assault, and threats of violence, domestic violence, neglect or abuse. Parental or cultural trauma can also have a traumatising influence on children. This definition firmly places trauma into a developmental context.

Management/Nominated Supervisor/Responsible Person will ensure:

- Service policies and procedures are adhered to at all times
- Parents or Guardians are notified as soon as practicable no later than 24 hours of the illness, accident or trauma occurring.
- To complete an illness, accident or trauma record accurately and without deferral
- First aid kits are easily accessible and recognised where children are present at the Service and during excursions.
- First aid, anaphylaxis management training and asthma management training is current and updated
- Adults or children who are ill are excluded for the appropriate period.
- Staff and children always practice appropriate hand hygiene.
- Appropriate cleaning practices are followed.
- Educators or Staff who have diarrhoea do not prepare food for others.
- To keep cold food cold (below 5 °C) and hot food hot (above 60°C) to discourage the growth of bacteria.
- First aid kits are suitably prepared and checked on a monthly basis (First Aid Kit Record)
- Incident, Injury, Trauma and Illness Records are completed accurately as soon as practicable following the incident
- That if the incident, situation or event presents imminent or severe risk to the health, safety and wellbeing of any person present at the Service or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours of the incident.

FIRST AID KITS

First aid kits will be readily available where children are present at the service and during excursions. First aid kits must be suitably equipped and easily recognised with regard to the design of the service.

First Aid Kit Guidelines

Any First Aid kit at the service must -

- Not be locked.
- The service will provide First Aid facilities that are adequate for the immediate treatment of injuries that arise at the place of work.
- The service must ensure first aid facilities include a First Aid kit appropriate for the number of employees on each site and work environment.
- Be in a place that takes an employee no longer than two minutes to reach their nearest first aid kit, including time required to access secure areas.
- Constructed of resistant material, be dustproof and of sufficient size to adequately store the required contents
- The service will ensure that First Aid kits are maintained in proper condition and the contents are replenished as necessary.
- First Aid kits will be regularly checked using the First Aid Checklist to ensure the contents are as listed and have not deteriorated or expired.
- First Aid kits should be located at points convenient to the work force and where there is a risk of injury occurring.
- Display emergency telephone numbers,
- Consideration should be given to preventative measures such as sunscreen protection and portable water if working outdoors.
- First Aid kits must be taken on excursions and be attended by First Aid qualified educators.

FIRST AID KIT CHECKLIST

Staff will regularly use our first aid checklist to ensure kits are properly equipped this can be found in the office.

INCIDENT, INJURY, TRAUMA AND ILLNESS RECORD

An up to date Illness Record and Incident, Injury and Trauma Form can be found in the office.

SOURCES

Revised National Quality Standard

Occupational Safety and Health Act 1984

Occupational Safety and Health Regulations 1996

Australian Children's Education & Care Quality Authority

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations

ECA Code of Ethics.

Guide to the National Quality Standard.

Raising Children Network - http://raisingchildren.net.au/articles/fever_a.html3

Staying healthy in child care. 5th Edition

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

REVIEW

Policy reviewed; August 2023

Next up for review; June 2024