Grenfell Preschool
+ LONG DAY CARE CENTRE

Weddin Mobile Preschool Service

INCIDENT, INJURY, TRAUMA & ILLNESS POLICY

The health and safety of all educators, children, families, and visitors to our Service is of the utmost importance. We aim to reduce the likelihood of incidents, illness, accidents, and trauma through implementing comprehensive risk management, effective hygiene practices and the ongoing professional development of all staff to respond quickly and effectively to any incident or accident.

We acknowledge that in early education and care services, illness and disease can spread easily from one child to another, even when implementing the recommended hygiene and infection control practices. Our Service aims to minimise illnesses by adhering to all recommended guidelines from relevant government authorities regarding the prevention of infectious diseases and adhere to exclusion periods recommended by public health units.

When groups of children play together and are in new surroundings accidents and illnesses may occur. Our Service is committed to effectively manage our physical environment to allow children to experience challenging situations whilst preventing serious injuries.

In the event of an incident, injury, trauma, or illness all educators will implement the guidelines set out in this policy to adhere to National Law and Regulations and inform the regulatory authority as required.

NATIONAL QUALITY STANDARD (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.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
12	Meaning of serious incident
85	Incident, injury, trauma and illness policies and procedures
86	Notification to Families of incident, injury, trauma, and illness
87	Incident, injury, trauma, and illness record
88	Infectious diseases
89	First aid kits
93	Administration of medication
97	Emergency and evacuation procedures
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
174(2)(a)	Prescribed information to be notified to Regulatory Authority
176(2)(a)	Time to notify certain information to Regulatory Authority

RELATED POLICIES

Administration of First Aid Policy Administration of Medication Policy Adventurous (Risky) Play Policy Anaphylaxis Management Policy Asthma Management Policy Control of Infectious Disease Policy COVID-19 Management Policy Diabetes Management Policy Epilepsy Policy Family Communication Policy	Handwashing Policy Health and Safety Policy Immunisation Policy Medical Conditions Policy Privacy and Confidentiality Policy Record Keeping and Retention Policy Road Safety Policy Sick Children Policy Work Health and Safety Policy

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PURPOSE

Educators have a duty of care to respond to and manage illnesses, accidents, incidents, and trauma that may 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 and provide guidance of the required action to be taken in the event of an incident, injury, trauma, or illness occurring when a child is educated and cared for.

SCOPE

This policy applies to children, families, educators, staff, approved provider, nominated supervisor, management, and visitors of the Service.

IMPLEMENTATION

Our Service implements risk management planning to identify any possible risks and hazards to our learning environment and practices. Where possible, we have eliminated or minimised these risks as is reasonably practicable.

We are committed to minimise the spread of infectious diseases such as coronavirus (COVID-19) by implementing recommendations provided by the Australian Government- Department of Health and Safe Work Australia.

Our Service implements procedures as stated in the Staying healthy: *Preventing infectious diseases in early childhood education and care services (*Fifth Edition) developed by the Australian Government National Health and Medical Research Council as part of our day-to-day operation of the Service.
We are guided by explicit decisions regarding exclusion periods and notification of any infectious disease by the *Australian Government- Department of Health* and local Public Health Units in our jurisdiction under the Public Health Act.

IDENTIFYING SIGNS AND SYPTOMS OF ILLNESS

Early Childhood Educators and the Board of Directors are not doctors and are unable to diagnose an illness or infectious disease. To ensure the symptoms are not infectious and to minimise the spread of an infection, medical advice may be required to ensure a safe and healthy environment.

Recommendations from the *Australian Health Protection Principal Committee* and Department of Health will be adhered to minimise risk where reasonably practicable.

During a pandemic, such as COVID-19, risk mitigation measures may be implemented within the Service to manage the spread of the virus. These measures may include but are not limited to the following:

- exclusion of unwell educators, children, and visitors (symptoms may include fever, coughing, sore throat, fatigue, or shortness of breath)
- notifying vulnerable people within the workplace of the risks of the virus/illness including:
    - people with underlying medical needs
    - children with diagnosed asthma or compromised immune systems.
    - Aboriginal and Torres Strait Islander people over the age of 50 with chronic medical conditions
- requesting any person visiting our Service to sign a Health Declaration form confirming they have not been in close contact with anyone with a positive COVID-19 diagnosis or travelled overseas within the past 14 days.
- restrict the number of visitors entering the Service.
- request families to drop off and collect children from designated points outside the Service.
- reducing mixing of children by separating cohorts (staggering meals and play times)
- enhanced personal hygiene for children, educators/ staff, and families (including frequent handwashing)
- full adherence to the NHMRC childcare cleaning guidelines and cleaning and disinfecting high touch surfaces at least twice daily, washing, and laundering play items and toys.
- avoid any situation when children are required to queue- using the bathroom for handwashing or toileting, waiting their turn to use a piece of equipment etc.
- ensuring cots, mats, cushions, highchairs are positioned at least 1 metre apart.
- cancelling excursions to local parks, public playgrounds, and incursions during a pandemic
- recommending influenza vaccination for children, educators, and families

Children who appear unwell at the Service will be closely monitored and if any symptoms described below are noticed, or the child is not well enough to participate in normal activities, families or an emergency contact person will be contacted to collect the child as soon as possible.

A child who is displaying symptoms of a contagious illness or virus (vomiting, diarrhoea, fever) will be moved away from the rest of the group and supervised until he/she is collected by a parent or emergency contact person.

Existing medical conditions will be considered when these decisions are made.

Symptoms indicating illness may include:

- behaviour that is unusual for the individual child
- high temperature or fevers
- loose bowels
- faeces that are grey, pale or contains blood.
- vomiting
- discharge from the eye or ear
- skin that displays rashes, blisters, spots, crusty or weeping sores
- loss of appetite
- dark urine
- headaches
- stiff muscles or joint pain
- continuous scratching of scalp or skin
- difficulty in swallowing or complaining of a sore throat.
- persistent, prolonged, or severe coughing
- difficulty breathing
- a stiff neck or sensitivity to light

As per our *Sick Child Policy* we reserve the right to refuse a child into care if they:

- are unwell and unable to participate in normal activities or require additional attention.
- have had a temperature/fever or vomiting in the last 24 hours.
- have had diarrhoea in the last 48 hours.
- have been given medication for a temperature prior to arriving at the Service.
- have started a course of anti-biotics in the last 24 hours or
- have a contagious or infectious disease.
- have been in close contact with someone who has a positive confirmed case of COVID-19
- have a temperature above 37.5°C when assessed prior to entry to the service (effective during a pandemic or outbreak of an infectious disease)

HIGH TEMPERATURES OR FEVERS

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

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

Any child with a high fever or temperature reaching 37.5°C or higher will not be permitted to attend the Service until 24 hours after the temperature/fever has subsided.

WHEN A CHILD DEVELOPS A HIGH TEMPERATURE OR FEVER AT THE SERVICE

If your child becomes ill whilst at the Service, educators will respond to their individual symptoms of illness and provide comfort and care. Educators will closely monitor the child focusing on how the child looks and behaves and be alert to the possibility of vomiting, coughing or convulsions. The child will be cared for in an area that is separated from other children in the service to await pick up from their parent/carer.

- For infants under 3 months old, families will be notified immediately for any fever over 37.5°C for immediate medical assistance. If the parent cannot take the child to a GP immediately, permission will be required for the Service to arrange for urgent medical assistance.
- Educators will notify families when a child registers a temperature of 37.5 C or higher.
- The child will need to be collected from the Service and will not permitted back for a further 24 hours after last elevated temperature.
- Emergency Services will be contacted should the child have trouble breathing, becomes drowsy or unresponsive or suffers a convulsion lasting longer than five minutes.
- Educators will complete an *Incident, Injury, Trauma, and Illness* record and note down any other symptoms that may have developed along with the temperature (for example, a rash, vomiting, etc.).

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 be mindful of cultural beliefs.
- Families/guardian will be contacted by phone and informed of their child's temperature.
- If requested by a parent or emergency contact person and written parental permission to administer paracetamol is recorded in the child's individual enrolment form, educators may administer paracetamol (Panadol) in an attempt to bring the temperature down. However, a parent or emergency contact person, must still collect the child from the Service.
- before giving any medication to children, the medical history of the child must be checked for possible allergies.
- the child's temperature, time, medication, dosage, and the educators name administering the medication and the staff member witnessing the administration will be recorded in the *Incident, Injury, Trauma, and Illness Record*. Families will be requested to sign and acknowledge the *Administration of Medication Form* or *Administration of Paracetamol Record* when collecting their child.

DEALING WITH COLDS/FLU (RUNNY NOSE)

It is very difficult to distinguish between the symptoms of COVID-19, influenza, and a cold. If any child, employee, or visitor has any infectious or respiratory symptoms (such as sore throat, headache, fever, shortness of breath, muscle aches, cough, or runny nose) they are requested to either stay at home or be assessed/tested for COVID-19. If a child, employee, or visitor is tested for COVID-19, they are required to self-isolate until they receive notification from the Public Health Unit of their test results. (see: Australian Government Identifying the symptoms)

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.
Children can become distressed and lethargic when unwell. Discharge coming from a child's nose and coughing can lead to germs spreading to other children, educators, toys, and equipment.
The Nominated Supervisor/Responsible Person has the right to send children home if they appear unwell due to a cold or general illness.

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.

However, gastroenteritis can cause dehydration because of the large amount of fluid lost through vomiting and diarrhoea. Therefore, if a child does not receive enough fluids, he/she may require fluids intravenously.

Children that have had diarrhoea and/or vomiting will be asked to stay away from the Service for 48 hours after symptoms have ceased to reduce infection transmission as symptoms can reappear after 24 hours in many instances.

An *Incident, Injury, Trauma, and Illness* record must be completed as per regulations. Notifications for serious illnesses must be lodged with the Regulatory Authority and Public Health Unit.

INFECTIOUS CAUSES OF GASTROENTERITIS INCLUDE:

- Viruses such as rotavirus, adenoviruses, and norovirus.
- Bacteria such as Campylobacter, Salmonella and Shigella.
- Bacterial toxins such as staphylococcal toxins.
- Parasites such as Giardia and Cryptosporidium.

NON-INFECTIOUS CAUSES OF GASTROENTERITIS INCLUDE:

- Medication such as antibiotics
- Chemical exposure such as zinc poisoning
- Introducing solid foods to a young child
- Anxiety or emotional stress

The exact cause of infectious diarrhoea can only be diagnosed by laboratory tests of faecal specimens. In mild, uncomplicated cases of diarrhoea, doctors do not routinely conduct faecal testing.

Children with diarrhoea who also vomit or refuse extra fluids should see a doctor. In severe cases, hospitalisation may be needed. The parent and doctor will need to know the details of the child's illness while the child was at the education and care Service.

Children and educators with diarrhoea and/or vomiting will be excluded until the diarrhoea and/or vomiting has stopped for at least 48 hours.

Please note: If there is a gastroenteritis outbreak at the Service, children displaying the symptoms will be excluded from the Service until the diarrhoea and/or vomiting has stopped, and the family are able to get a medical clearance from their doctor.

PREVENTING THE SPREAD OF ILLNESS

To reduce the transmission of infectious illness, our Service implements effective hygiene and infection control routines and procedures as per the *Australian Health Protection Principal Committee* guidelines.

If a child is unwell or displaying symptoms of a cold or flu virus, Families are requested to keep the child away from the Service. Infectious illnesses can be spread quickly from one person to another usually through respiratory droplets or from a child or person touching their own mouth or nose and then touching an object or surface.

PREVENTION STRATEGIES

Practising effective hygiene helps to minimise the risk of cross infection within our Service.

Signs and posters remind employees and visitors of the risks of infectious diseases, including COVID-19 and the measures necessary to stop the spread.

Educators model good hygiene practices and remind children to cough or sneeze into their elbow or use a disposable tissue and wash their hands with soap and water for at least 20 seconds after touching their mouth, eyes, or nose.

Handwashing techniques are practised by all educators and children routinely using soap and water before and after eating and when using the toilet and drying hands thoroughly with paper towel. (See *Handwashing Policy*).

After wiping a child's nose with a tissue, educators will dispose the tissue in a plastic-lined bin and wash their hands thoroughly with soap and water and dry using paper towel. A disposable glove can be used while wiping the child's nose, but educators must still wash their hands.

All surfaces including bedding (pillows, mat, cushion) used by a child who is unwell, will be cleaned with soap and water and then disinfected. We don't disinfect.

Cleaning contractors hygienically clean the service to ensure risk of contamination is removed as per Environmental Cleaning and Disinfection Principles for COVID-19

Families and visitors are requested to wash their hands upon arrival and departure at the Service or use an alcohol-based hand sanitizer. (Note: alcohol-based sanitizers are used only with adult supervision.)

PARENT/FAMILY NOTIFICATION

COVID-19

The Public Health Unit (PHU) will notify the Approved Provider of the Service in the event of a positive COVID-19 diagnosis of any child, educator, parent, or visitor and conduct contact tracing.

Any decision to close the Service and other directions will be provided by the PHU and regulatory body. The Approved Provider will notify the Regulatory Authority within 24 hours of any closure due to COVID-19 via the NQA IT System. (Further information regarding COVID-19 is in our COVID-19 Management Policy)

Other Infectious Illness- [gastroenteritis, whooping cough etc.]

Families will be notified of any outbreak of an infectious illness (eg: Gastroenteritis) within the Service via our notice board, notes in lunch boxes, email to assist in reducing the spread of the illness.

Exclusion periods for illness and infectious diseases are provided to families and included in our Parent/Family Handbook and *Sick Children Policy* and *Control of Infectious Disease Policy*.

SERIOUS INJURY, INCIDENT OR TRAUMA

In the event of any child, educator, staff, volunteer, or contractor having an accident at the Service, an educator who has a First Aid Certificate will attend to the person immediately.
Adequate supervision will be provided to all children.

Any workplace incident, injury or trauma will be investigated, and records kept as per WHS legislation and guidelines.

Procedures as per our *Administration of First Aid Policy* will be adhered to by all educators.

INCIDENT, INJURY, TRAUMA, AND ILLNESS RECORD

An *Incident, Injury, Trauma, and Illness* record contains details of any incident, injury, trauma, or illness that occurs while the child is being educated and cared for at the Service. The record will include:

- name and age of the child
- circumstances leading to the incident, injury, illness.
- time and date the incident occurred, the injury was received, or the child was subjected to trauma.
- details of any illness which becomes apparent while the child is being cared for including any symptoms, time, and date of the onset of the illness.
- details of the action taken by the educator including any medication administered, first aid provided, or medical professionals contacted.
- details of any person who witnessed the incident, injury, or trauma.
- names of any person the educator notified or attempted to notify, and the time and date of this.
- signature of the person making the entry, and the time and date the record was made.

Educators are required to complete documentation of any incident, injury or trauma that occurs when a child is being educated and cared for by the Service. This includes recording incidences of biting,

scratching, dental or mouth injury. Due to Confidentiality and Privacy laws, only the name of the child injured will be recorded on the Incident, Injury, Trauma, or Illness Record. Any other child/ren involved in the incident will not have their names recorded. If other children are injured or hurt, separate records will be completed for each child involved in the incident. Families/Authorised Nominee must acknowledge the details contained in the record, sign, and date the record on arrival to collect their child. All Incident, Injury, Trauma, and Illness Records must be kept until the child is 25 years of age.

DEFINITION OF SERIOUS INCIDENT

Regulations require the Approved Provider or Nominated Supervisor to notify Regulatory Authorities within 24 hours of any serious incident at the Service through the NQA IT System

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 or emergency where the attendance of emergency services at the Education and Care Service premises was sought, or ought reasonably to have been sought (eg: severe asthma attack, seizure, or anaphylaxis)

(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.

MISSING OR UNACCOUNTED FOR CHILD

At all times, reasonable precautions and adequate supervision is provided to ensure children are protected from harm or hazards. However, if a child appears to be missing or unaccounted for, removed from the Service premises that breaches the National Regulations or is mistakenly locked in or locked out of any part of the Service, a serious incident notification must be made to the Regulatory Authority.

A child may only leave the Service in the care of a parent, an authorised nominee named in the child's enrolment record, or a person authorised by a parent or authorised nominee or because the child requires medical, hospital or ambulance care or another emergency.
Educators ensure that:

- the attendance record is regularly cross-checked to ensure all children signed into the Service are accounted for.
- children are supervised at all times.
- visitors to the Service are not left alone with children at any time.

Should an incident occur where a child is missing from the Service, educators and the Nominated Supervisor will:

- attempt to locate the child immediately by conducting a thorough search of the premises (checking any areas that a child could be locked into by accident)
- cross check the attendance record to ensure the child hasn't been collected by an authorised person and signed out by another person.
- if the child is not located within a 10-minute period, emergency services will be contacted, and the Nominated Supervisor will notify the parent/s or guardian.
- continue to search for the missing child until emergency services arrive whilst providing supervision for other children in care.
- provide information to Police such as: child's name, age, appearance, (provide a photograph), details of where the child was last sighted.

The Approved Provider is responsible for notifying the Regulatory Authority of a serious incident within 24 hours of the incident occurring.

HEAD INJURIES

It is common for children to bump their heads during everyday play, however it if difficult to determine whether the injury is serious or not. Therefore, any knock to the head is considered a *head injury* and should be assessed by a doctor. In the event of any head injury, the First Aid officer will assess the child, administer any urgent First Aid, and notify families/guardians to collect their child.

Emergency services will be contacted immediately on 000 if the child:

- has sustained a head injury involving high speeds or fallen from a height (play equipment)
- loses consciousness.
- seems unwell or vomits several times after hitting their head.

TRAUMA

Trauma is defined as 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 (bush fires), assault, and threats of violence, domestic violence, neglect or abuse and war or terrorist attacks. Parental or cultural trauma can also have a traumatising effect on children. This definition firmly places trauma into a developmental context:

"Trauma changes the way children understand their world, the people in it and where they belong." (Australian Childhood Foundation, 2010).

Trauma can disrupt the relationships a child has with their families, educators and staff who care for them. It can transform children's language skills, physical and social development, and the ability to manage their emotions and behaviour.

Behavioural response in babies and toddlers who have experienced trauma may include:

- Avoidance of eye contact
- Loss of physical skills such as rolling over, sitting, crawling, and walking
- Fear of going to sleep, especially when alone.
- Nightmares
- Loss of appetite
- Making very few sounds

- Increased crying and general distress
- Unusual aggression
- Constantly on the move with no quiet times
- Sensitivity to noises.

Behavioural responses for pre-school aged children who have experiences trauma may include:

- new or increased clingy behaviour such as constantly following a parent, carer, or staff around.
- anxiety when separated from family or carers.
- new problems with skills like sleeping, eating, going to the toilet, and paying attention.
- shutting down and withdrawing from everyday experiences
- difficulties enjoying activities.
- being jumpier or easily frightened
- physical complaints with no known cause such as stomach pains and headaches
- blaming themselves and thinking the trauma was their fault.

Children who have experienced traumatic events often need help to adjust to the way they are feeling. When families, educators and staff take the time to listen, talk, and play they may find children begin to say or show how they are feeling. Providing children with time and space lets them know you are available and care about them.

It is important for educators to be patient when dealing with a child who has experienced a traumatic event. It may take time to understand how to respond to a child's needs and new behaviours before families, educators and staff are able to work out the best ways to support a child. It is imperative to realise that a child's behaviour may be a response to the traumatic event rather than just 'naughty' or 'difficult' behaviour.

Educators can assist children dealing with trauma by:

- observing the behaviours and expressed feelings of a child and documenting responses that were most helpful in these situations.
- creating a 'relaxation' space with familiar and comforting toys and objects children can use when they are having a difficult time.
- having quiet time such as reading a story about feelings together

- trying different types of play that focus on expressing feelings (e.g. drawing, playing with play dough, dress-ups, and physical games such as trampolines)
- helping children understand their feelings by using reflecting statements (e.g. 'you look sad/angry right now, I wonder if you need some help?').

There are a number of ways for families, educators, and staff to reduce their own stress and maintain awareness, so they continue to be effective when offering support to children who have experienced traumatic events.

Strategies to assist families and educators to cope with children's stress or trauma may include:

- taking time to calm yourself when you have a strong emotional response. This may mean walking away from a situation for a few minutes or handing over to another educator or staff member if possible.
- planning ahead with a range of possibilities in case difficult situations occur
- remembering to find ways to look after yourself, even if it is hard to find time or you feel other things are more important. Taking time out helps adults be more available to children when they need support.
- using supports available to you within your relationships (e.g., family, friends, colleagues)
- identifying a supportive person to talk to about your experiences. This might be your family doctor or another health professional.
- accessing support resources- BeYou, Emerging Minds.

Living or working with traumatised children can be demanding so it is important for all educators to be aware of their own responses and seek support from management when required.

BOARD OF DIRECTORS/NOMINATED SUPERVISOR/RESPONSIBLE PERSON AND EDUCATORS WILL ENSURE:

- service policies and procedures are adhered to at all times.
- families or guardians are notified as soon as practicable and no later than 24 hours of the illness, accident, or trauma occurring.
- an *Incident, Injury, Trauma, and Illness Record* is completed accurately and in a timely manner as soon after the event as possible (within 24 hours)

- families are advised to keep the child home until they are feeling well, and they have not had any symptoms for at least 24-48 hours (depending upon the illness and exclusion periods)
- first aid qualified educators are present at all times on the roster and in the Service.
- first aid kits are suitably equipped and checked quarterly.
- first aid kits are easily accessible when children are present at the Service and during excursions.
- first aid, emergency anaphylaxis management training, and asthma management training is current and updated as required.
- adults or children who are ill are excluded for the appropriate period (see *Sick Children Policy*)
- children are excluded from the Service if educators feel the child is too unwell to attend or is a risk to other children.
- educators or staff who have diarrhoea or an infectious disease do not prepare food for others Why are they at work lol.
- cold food is kept cold (below 5 °C) and hot food, hot (above 60°C) to discourage the growth of bacteria.
- 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.
- families are notified of any infectious diseases circulating the Service within 24 hours of detection.
- educators and children always practice appropriate hand hygiene and cough and sneezing etiquette.
- appropriate cleaning practices are followed.
- toys and equipment are cleaned and disinfected on a regular basis which is recorded in the toy cleaning register or immediately if a child who is unwell has mouthed or used these toys or resources.
- additional cleaning will be implemented during any outbreak of an infectious illness or virus.
- all illnesses are documented in the Service *Incident, Injury, Trauma, and Illness Record*

FAMILIES WILL:

- provide up to date medical and contact information in case of an emergency.
- provide the Service with all relevant medical information, including Medicare and private health insurance.

- provide a copy of their child's Medical Management Plans and update annually or whenever medication/medical needs change.
- provide emergency contact details and ensure details are kept up to date.
- adhere to recommended periods of exclusion if their child has a virus or infectious illness.
- complete documentation as requested by the educator and/or approved provider- *Incident, Injury, Trauma, and Illness record* and acknowledge that they were made aware of the incident, injury, trauma, or illness.
- inform the Service if their child has an infectious disease or illness.
- provide evidence as required from doctors or specialists that the child is fit to return to care if required.
- provide written consent for educators to administer first aid and call an ambulance if required (as per enrolment record)
- complete and acknowledge details in the *Administration of Medication Record* if required.

RESOURCES

BeYou Bushfire resource
Emerging Minds Community Trauma Toolkit
Fever in children- (health direct.gov.au)
Head Injury and concussion
NSW Health Gastro Pack NSW Health
Staying Healthy: *Preventing infectious diseases in early childhood education and care services*
Recommended exclusion periods- Poster
Minimum periods for exclusion from childcare services (Victoria)

Source

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Australian Childhood Foundation. (2010). Making space for learning: Trauma informed practice in schools: https://www.theactgroup.com.au/documents/makingspaceforlearning-traumainschools.pdf
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NSW Public Health Unit: https://www.health.nsw.gov.au/Infectious/Pages/phus.aspx
Policy Development in early childhood setting
Raising Children Network: https://raisingchildren.net.au/guides/a-z-health-reference/fever
Revised National Quality Standard. (2018).
SafeWork Australia: https://www.safeworkaustralia.gov.au/first-aid
The Sydney Children's Hospitals network (2020). https://www.schn.health.nsw.gov.au/search/site?query=fever

REVIEW

POLICY REVIEWED	DECEMBER 2023	NEXT REVIEW DATE	AUG 2024
	Changed: • Management to Nominated Supervisor/ Responsible person. • 38 to 37.5 • Parents to families		

POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
MODIFICATIONS	• Policy title changed to align with Regulations 85-87 • Information related to administration of paracetamol added. • additional sections added for Head Injuries and Missing or unaccounted children. • edits to policy to reflect record keeping requirements. • Draft Injury, Illness Procedures included in policy. currency of links/sources checked	MARCH 2021
MARCH 2020	• Preventing the spread of illness section added • additional information about fevers and temperatures added. • section regarding sponging children to reduce fever deleted (Sydney Children's Hospital recommendation) • additional information for trauma added. • sources checked for currency/additional sources added	MARCH 2021
MARCH 2019	• Correct references sourced and added to 'sources'. • Additional information added to points. • Sources checked for currency. • Sources/references corrected, updated, and alphabetised	MARCH 2020
MAY 2019	• Exclusion period for gastroenteritis has been changed to assist in minimising the spread of infection	
MARCH 2018	• Minor, non-critical changes made to the policy in respect of a child's exclusion depending on the illness.	MARCH 2019
OCTOBER 2017	• Updated the references to comply with the revised National Quality Standards	MARCH 2018
MARCH 2017	• Minor changes made to ensure compliance with regulations protecting the health and safety of children and Educators. • Updated to meet the National Law and/or National Regulations in respect of a serious incidents and notification purposes.	MARCH 2018

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PROCEDURE IN THE EVENT OF A SERIOUS INCIDENT, ILLNESS, INJURY OR TRAUMA

If an incident or injury occurs whilst a child is receiving education and care at our Service, the Nominated Supervisor or educator holding approved first aid training will administer First Aid and seek hospital transportation and treatment if required.

Incident or injury management

The Nominated Supervisor/first aid officer/educator will:

- ensure the safety of themselves and others- DRSABCD (Danger, Response, Send for Help, Airway, Breathing, CPR, Defibrillation)
- attend to the child immediately.
- assess whether further medical attention is required (hospital or other medical assistance)
- contact Emergency Services for an ambulance on 000.
- administer First Aid procedures.
- ensure injured child is reassured.
- if the illness or incident involves asthma or anaphylaxis, refer to the child's Medical Management Plan or Action Plan
- notify families/s or nominated authorised person to inform them an ambulance has been called and request them too either:
    - come immediately to the Service premises or place of incident/injury or
    - meet the ambulance at the hospital.
- remain with the child until the ambulance arrives.
- ensure any medical conditions/history is readily available (eg: Emergency Action Plan for Asthma or Anaphylaxis)
- Action Plans should provide guidance of First Aid responses in an emergency as provided by the child's doctor and authorised by the child's Families.
- as soon as practicable, document details on *Incident, Injury, Trauma, and Illness Record*
- Notify Regulatory Authority of any serious incident within 24 hours.

Calling an ambulance

Do not hesitate to contact an ambulance if you think emergency services are required.

If a child displays any of the following symptoms or suffers any of the following call 000:

- the child has experienced unconsciousness or an altered state of unconsciousness.
- is experiencing difficulty breathing for any reason.
- has difficulty breathing and has not responded to reliever inhaler medication (even if they are not diagnosed with Asthma)
- is showing signs of shock.
- is experiencing severe bleeding or is vomiting blood.
- has an injury to their head, neck or back.
- could have broken bones.
- has an extremely high temperature, with or without a rash.
- has a temperature above 38°C for an infant under 3 months old.

Dial 000 and be prepared to answer the following:

- the address of where the ambulance is required and the closest cross street.
- what the problem is
- how many people are injured.
- the child/person's age
- the child/person's gender
- if the child/person is conscious and
- if the child/person is breathing

Emergency Response Procedures

Follow instructions as per the child's ASCIA Action Plans for children who are known to have asthma or allergies including anaphylaxis.

- Administer adrenaline autoinjector or reliever inhaler medication (Ventolin) as instructed.
- Contact an ambulance immediately for any incident involving anaphylaxis.

- Contact an ambulance immediately for asthma emergencies if the child cannot breathe normally after following their Action Plan for asthma and receiving reliever inhaler medication or if their breathing become worse.

Head Injuries

All head injuries will be considered as serious and should be assessed by a doctor or the nearest hospital. The child must be closely observed until the parent or guardian collects the child from the educator- or they are transferred to hospital.

- if the child has suffered a head injury and is unconscious, they should not be moved unless there is immediate danger.
    - Call for an Ambulance immediately.
    - Monitor the airway and breathing until the arrival of an ambulance.
    - If breathing stops or they have no pulse, begin CPR immediately.

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HEAD INJURY GUIDE AND PROCEDURE

Children often bump their heads when engaging in play and exploration and it can be difficult to determine if the injury is considered serious or not. Our Service considers any knock to the head to be assessed as a head injury.

Where a child has received ***any injury*** to the head, no matter how minor, educators or staff must contact the parents/guardian as soon as possible. Educators must be aware that any injury to the head, may develop into a serious incident or injury. The symptoms experienced after a head injury (as detailed below) are used to determine how serious the injury is and to determine the necessary first aid. Close monitoring of children with any head injuries is required until the parent or guardian collects the child from the Service, or they are transferred to hospital. Any injury to the head must be recorded in an *Incident, Injury, Trauma, and Illness Record.*

Working in conjunction with the *Administration of First Aid Policy, Incident, Injury, Trauma and Illness Policy, Work, Health and Safety Policy*, this procedure provides detailed steps for educators to follow in the event of a head injury at the service.

Education and Care Services National Law or Regulations (R.12, 85, 86, 87) NQS QA 2: Element 2.1.2, 2.2.1 and 2.2.2 Health practices and procedures
Related Policy: Administration of First Aid Policy; Incident, Injury, Trauma, and Illness Policy; Work, Health, and Safety Policy

HEAD INJURY TERMS

Head injuries are classified as *mild, moderate, or severe.* Many head injuries are mild, and simply result in a small lump or bruise. Mild head injuries may be treated by a staff member/s who hold a first aid qualification, however, if the child is unconscious or has suffered a moderate or severe injury to the head, immediate medical attention must be sought, and emergency first aid procedures implemented.

CONCUSSION – a mild traumatic brain injury that alters the way the brain functions. Effects of concussion are usually temporary, but can include altered levels of consciousness, headaches, confusion,

dizziness, memory loss of events surrounding the injury, and visual disturbance.

LOSS OF CONSCIOUSNESS – when a person is unable to open their eyes, speak or follow commands. They have no awareness of stimulation from outside their body and cannot remember the immediate periods before and after the injury.

SIGNS AND SYMPTOMS OF HEAD INJURY

The symptoms experienced straight after a head injury are used to determine how serious the injury is. The information below is a guideline only and confirmation of the severity of a head injury must be made by the staff member trained in first aid and/or emergency services.

MODERATE TO SEVERE HEAD INJURY

If the child has a moderate or severe head injury, they may:

- lose consciousness.
- be drowsy and not respond to the voice.
- be dazed or shocked.
- not cry straight after the knock to the head (younger children)
- be confused, have memory loss or loss of orientation about place, time, or the people around them.
- experience visual disturbance.
- have unequally sized pupils or weakness in their arm or leg.
- have something stuck in their head, or a cut causing bleeding that is difficult to stop, or a large bump or bruise on their head.
- have a seizure, convulsion or fit.
- vomit more than once.

An ambulance must be called immediately if the child has a moderate or severe head injury.

MILD HEAD INJURY

A mild head injury or concussion is when the child:

- may display altered level of consciousness at the time of the injury.
- is now alert and interacts with you.
- may have vomited, but only once.
- may have bruises or cuts on their head.

- is otherwise normal.

Parents/carers are advised to seek medical advice if the child has any of the above symptoms of mild head injury or if they develop further symptoms of head trauma. For all head injuries, close observation of the child is required at the Service and once the child has returned home with their parent.

HEAD INJURY TREATMENT WITH FIRST AID

If a casualty is or becomes unconscious, you should also suspect a spinal injury and should treat the casualty as such. This is the standard protocol for head injury first aid:

Follow DRSABCD (Danger, Response, Send for Help, Airway, Breathing, CPR, Defibrillation) Treatment varies for conscious or unconscious casualties		
	CONSCIOUS CASUALTIES	UNCONSCIOUS CASUALTIES
STEP 1	If the patient is conscious and no spinal injury is suspected, place the patient in a position of comfort (usually lying down) with their head and shoulders slightly raised.	If the patient is unconscious and a neck or spinal injury is suspected place the patient in the recovery position, carefully supporting the patient's head and neck, and avoid twisting or bending during movement.
STEP 2	Control any bleeding with direct pressure at the point of bleeding. If you suspect the skull is fractured, use gentle pressure around the wound.	Ensure the patient's airway is clear and open. Keep the patient's airway open by lifting their chin. Do not force if the face is badly injured.
STEP 3	If blood or fluid comes from the ear, secure a sterile dressing lightly over the ear. Lie the patient on their injured side, if possible, to allow the fluid to drain.	Call triple zero (000) for an ambulance.
STEP 4	Seek medical aid	

A casualty with a head injury may vomit, so be ready to turn them onto their side and clear the airway quickly. Support their head and neck through this process, you will need at least one helper to assist. (https://www.stjohnnsw.com.au/secure/downloadfile.asp?fileid=1584566)

WOUND TO THE HEAD (INCLUDING CUTS, GRAZES AND LACERATIONS):

DEFINITION: Wounds such as cuts, grazes (e.g., scrapes or abrasions) and lacerations (e.g., a deep cut or tear of the skin) are a split of the skin caused by an impact of some sort.

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FIRST AID TREATMENT FOR WOUNDS

The most important thing to do is to try and stop the bleeding. *If available, put on clean disposable gloves or clean your hands first with hand sanitiser, but do not delay treating the wound if these are not close by.*

- Use a clean, dry cloth to apply pressure directly to the wound.
- Apply pressure for five minutes

Thoroughly cleaning the wound will reduce the risk of infection. However, there is no need to use anything other than water as other substances may irritate the injured skin or cause a delay in the wound healing. Antiseptic creams are not recommended and do not help the wound to heal.

	MINOR WOUNDS	MORE SERIOUS WOUNDS
STEP 1	Minor wounds do not usually require any medical attention but can be managed with standard first-aid procedures. After removing pressure, the bleeding should have slowed to a trickle or have stopped altogether.	As with minor wounds, try to stop the bleeding by applying pressure to the area. **Contact emergency services on 000 in the following situations.** Ensure parents/guardians are contacted as soon as possible and provided with information about their child.

	STEP 2	• If bleeding continues, reapply pressure and seek urgent medical attention. If this is not possible call the ambulance. • If bleeding has stopped or slowed, rinse the wound and surrounding area with water. If you can see any dirt or debris in the wound, use tweezers (cleaned first with hot water, alcohol swabs or sanitiser lotion) to remove any particles. If there is dirt or debris you can't remove, the child should seek medical attention. Very small amounts of dirt are OK in grazes. • Cover the wound with a dressing (e.g., Band-Aid) or a small bandage. This will help to keep the wound clean and will protect the area from further knocks as it heals. Keeping the wound covered also keeps the wound moist, which aids healing.	• there is a large amount of bleeding that does not quickly stop. • the wound is very deep or is a deep puncture wound. • the cut or laceration is deep and is over a joint (e.g., a knee, wrist, or knuckle) • a human or animal bite caused the wound. • you cannot get the wound clean. • the child has not had a tetanus vaccination within the last five years. • the wound is gaping apart, despite controlling the bleeding. It may need closing with glue or stitches. Clean with water, cover the wound. Ensure medical attention is sought as soon as possible. • the wound has something sticking out of it, such as a piece or glass or a stick. Do not try to remove the object. Continue to apply pressure to the wound around the object.

PROCEDURE FOR WOUNDS TO THE HEAD

1	Educators will follow First Aid Procedure for the wound/ injury. Assess if emergency medical attention is urgently required- call 000 for emergency services if required	
2	When a child receives any injury/incident to the head area, educators must notify the child's parent/guardian or emergency contact person as soon as possible. Record time and date of notification to parent	
3	Educators will continue to administer first aid and/or monitor the child until parent/guardian arrives at the Service, or emergency services arrive and take over treatment	
4	Educators will complete *Incident, Injury, Trauma or Illness Record* accurately and in a timely manner as soon after the event as possible (within 24 hours).	
5	Educators will ensure parental acknowledgement of the notification of the incident/injury/trauma is provided on the *Incident, Injury, Trauma, and Illness Record*	

6	The nominated supervisor will notify the Regulatory Authority within 24 hours of a serious incident if urgent medical attention was required and/or emergency services attended the Service	
7	The nominated supervisor will ensure notification to made to SafeWork NSW (or relevant authority) in event of serious injury/incident (Work Health and Safety Laws)	
8	Educators will advise the parent/guardian, that following a serious head injury, the child may return to the Service with a medical clearance and details of activities permitted over a gradual time frame provided by a registered general practitioner.	

Source

Australian Children's Education & Care Quality Authority. (2014).
Safe Work Australia Legislative Fact Sheets First Aiders
St John Ambulance Australia Emergency First Aid
The Royal Children's Hospital Melbourne (2020). Head injury- general advice
The Royal Children's Hospital Melbourne (2020). Head injury- return to school and sport
The Royal Children's Hospital Melbourne (2020). Cuts, grazes, and lacerations
The Sydney Children's Hospitals network (2020)