

Incident, injury, trauma and Illness procedures.



QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY

Rationale : 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.

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
Element 2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.

Procedure:

IDENTIFYING SIGNS AND SYMPTOMS 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

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. 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. 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 lukewarm water on the child's forehead, back of neck and exposed areas of skin
- Educators will notify parents when a child registers a temperature of 38°C or higher.
- 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, Accident & Trauma record and note down any other symptoms that may have developed along with the temperature (for example, a rash, vomiting, etc.)

Dealing with 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. 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.

Educators have the right to send children home if they appear unwell due to a cold or general illness. Educators are also still aware that Covid is still around in our community. 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.

Covid

If a child tests positive for covid the site will follow DfE recommendations at that time and inform families of the period they need to stay away from the kindergarten.

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. If a child has 2 episodes of diarrhoea and/or vomiting, Management will notify parents or emergency contact to collect the child immediately.

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.
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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, educators and staff with infectious diarrhoea and/or vomiting will be excluded until the diarrhoea and/or vomiting has stopped for at least 24 hours.

Serious Injury, Incident or Trauma

- The death of a child while being educated and cared for by the services or following an incident while being 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 should reasonably to have attended, a hospital.
- Attendance of emergency services at the education and care services premises was sought as a result of an emergency.
- A child was missing from the service or was not able to be accounted for.
- A child was taken or removed from the service in a manner that contravenes the Regulations.
- A child was mistakenly locked in or locked out of the service premises or any part of the premises.
- Incident that requires/required the Approved Provider to close, or reduce the number of children attending the service for a period (7 day notification period).
- Any circumstance that poses a risk to the health, safety or wellbeing of a child attending the service (7 day notification period).
- Any incident where you reasonably believe that physical and/or sexual abuse of a child has occurred or is occurring while the child is being educated and cared for by the service.
- Any allegation that sexual or physical abuse of a child has occurred or is occurring while the child is being educated and cared for by the service. Notification process where it is deemed to be a serious notifiable incident the site leader (in a school-based preschool this will be the principal) must contact the Incident Management directorate (IMD) and inform the Education Director (ED). Parents are to be notified as soon as practicable following the incident (and no later than 24 hours after the event).

The service must then:

- Make a report on IRMS within 12 hours – make sure you include outcomes for child and strategies undertaken to reduce the risk of incident reoccurring.
- Complete an [Incident, injury, trauma and illness record \(PDF 653.1KB\)](#) to notify the parent/s of the incident where relevant.
- Obtain a signature of the witness and parent on the record.
- Record any attempts made to contact parent/s.
- Scan and attach Incident, injury, trauma and illness record on IRMS.
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Regulation and compliance team

The Regulation and Compliance team makes notifications of serious incidents, incidents and complaints to the Education Standards Board on behalf of the service within 24 hours of the event. Regulation and Compliance is responsible for:

- Reviewing the information in the report to ensure adequate detail is provided.
- Contacting the service to obtain additional information.
- Completing the notification online along with any supporting documentation.
- Logging this notification on the Action Log tab in IRMS.

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 and assault. Parental or cultural trauma can also have a traumatising influence 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] Making space for learning: Trauma informed practice in schools. Trauma can disrupt the relationships a child has with their parents, 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 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 parents 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 more jumpy 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 into the way they are feeling. When parents, Educators and staff take the time to listen, talk and play they may find children start to tell 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 takes time to understand how to respond to a child's needs and often their behaviour before parents, educators and staff work out the best ways to support a child. It is imperative to evoke 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 feelings of a child and the ways you have responded and what was most helpful in case of future difficulties.
- 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 parents, 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, Educators and Staff 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 carer 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. Living or working with traumatised children can be demanding - be aware of your own responses and seek support from management when required.

Director will:

- Make sure 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 or make sure the educator has completed 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 every 6 months (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.
- Parents are notified of any infectious diseases circulating the Service within 24 hours of detection
- Educators qualifications are displayed where they can be easily viewed by all educators, families & authorities
- First aid qualified educators are present at all times
- Children are excluded from the Service if they feel the child is too unwell

Educators will:

- Advise the parent to keep the child home until they are feeling well, and they have not had any symptoms for at least 24-48 hours.

- Practice effective hand hygiene techniques
- Ensure that appropriate cleaning practices are being followed in the Service at all times
- Disinfect toys and equipment on a regular basis which is recorded on the toy cleaning register

Sources

1. ACECQA's Guide to the NQF Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
2. ECA Code of Ethics.
3. Guide to the National Quality Standard.
4. Raising Children Network - http://raisingchildren.net.au/articles/fever_a.html
5. Staying healthy in Childcare. 5th Edition
6. Policy Development in early childhood setting • First Aid Workplace - <http://sydney.edu.au/science/psychology/whs/COP/First-aidworkplace.pdf>
7. Revised National Quality Standard

Endorsed by Governing Council July 2021

Review July 2024

Table 1: Revision Record – Started February 2024

VERSION	APPROVAL DATE	NEXT REVIEW	REVISION DESCRIPTION
1.1	July 2021	July 2024	Whole of policy reviewed and wording and sub heading changed to line in up with NQS and DfE Policy changes.

