

# Incident, Illness, Accident & Trauma Policy

In early childhood illness and disease spreads easily from one child to another, even when implementing the recommended hygiene and infection control practices. When groups of children play together and are in new surroundings accidents and illnesses may occur. Our service is committed to preventing illness and reducing the likelihood of accidents through its risk management and effective hygiene practices.

## NATIONAL QUALITY STANDARDS (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

Children (Education and Care Services) National Law NSW	
12	Meaning of serious incident
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
168	Education and care service must have policies and procedures
174	Prescribed information to be notified to Regulatory Authority
176	Time to notify certain information to Regulatory Authority

## PURPOSE

Educators have a duty of care to respond to and manage illnesses, accidents & 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. Management, educators, and staff are aware of their roles and responsibilities to identify and respond to every child at

risk of abuse or neglect. Management, educators, and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

## SCOPE

This policy applies to children, families, staff, management, and visitors of the service.

## IDENTIFYING SIGNS AND SYMPTOMS OF ILLNESS

Educators and Management are not doctors and are unable to diagnose an illness or 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.

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 staff, children, and visitors (symptoms may include fever, coughing, sore throat, fatigue, or shortness of breath)
- taking children's temperature prior to entry into the Service and excluding anyone who has a temperature above 37.5°C.
- notifying vulnerable people within the workplace of the risks of the virus/illness including:
  - o people with underlying medical needs
  - o children with diagnosed asthma or compromised immune systems.
  - o Aboriginal and Torres Strait Islander people over the age of 50 with chronic medical conditions
- restrict the number of visitors entering the Service.
- enhanced personal hygiene for children, staff, and parents (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.
- cancelling excursions to local parks, public playgrounds, and incursions during a pandemic lockdown
- recommending influenza vaccination for children, staff, and parents

## 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 displays, rashes, blisters, spots, crusty or weeping sores
- 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 36.5°C and 37.5°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 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.
- If requested by a parent or emergency contact person, staff may administer Paracetamol (Panadol or Neurofen) 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 in the Illness Folder, and the parent asked to sign the Medication Authorisation 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.
- 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)

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.

As children get older, and as they are exposed to greater numbers of children, they get fewer colds each year because of increased immunity.

Management has the right to send to children home if they appear unwell due to a cold. 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.

#### DIARRHEA AND VOMITING (GASTROENTERITIS)

Gastroenteritis (or 'gastro') is a general term for an illness of the digestive system. Typical symptoms include abdominal cramps, diarrhea, 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 diarrhea. A person suffering from severe gastroenteritis may need fluids intravenously.

Bacterial infectious diarrhea cause by spoiled food. Viral gastroenteritis is contagious.

#### 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 diarrhea can only be diagnosed by laboratory tests of faecal specimens. In mild, uncomplicated cases of diarrhea, doctors do not routinely conduct faecal testing.

- Children with diarrhea 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 diarrhea and/or vomiting will be excluded until the diarrhea and/or vomiting has stopped for at least 24 hours.
- Please note: if there is a gastroenteritis outbreak at the service, children will be excluded from the service until the diarrhea and/or vomiting has stopped for 48 hours.
- If there are 2 or more cases of gastroenteritis, Management will report the outbreak to the local health department.

### 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.
- 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.
- 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.

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 works 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. It is common for a child to provisionally go backwards in their behaviour or become 'clingy' and dependent. This is one of the ways children try to manage their experiences.

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 several 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 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.

## IMPLEMENTATION

We have a duty of care to ensure that all children, educators, 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 help the body fight infection.

## MANAGEMENT/NOMINATED SUPERVISOR/RESPONSIBLE PERSON WILL ENSURE:

- Service policies and procedures are always adhered to.
- Parents or Guardians are notified 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 diarrhea do not prepare food for others.
- All food preparation takes place within an hour before the first children arrive to eat. Food that needs to be refrigerated are kept in the refrigerator until the arrival of children to start with afternoon tea and or morning tea during vacation care periods.
- The preparation of cooked food is also prepared a half an hour to an hour before consumption.
- First aid kits are suitably prepared and checked monthly (First Aid Kit Record) by a First Aid officer nominated by staff on a yearly basis.
- Incident, Injury, Trauma, and Illness Records are completed accurately and within hours.
- To report any illness or incidents to regulatory authorities as stated in the National Regulations.
- Notify parents of any infectious diseases circulating the service.
- Educators' qualifications are displayed where they can be easily viewed by all educators, families & authorities.
- First aid qualified educators are always present on the roster and in the service.

## FILLING OUT AN INCIDENT/ACCIDENT REPORT FOR MINOR INCIDENTS/ACCIDENTS OR INJURIES

- Educators to fill out the Incident, Accident, Injury, trauma, and Illness record as soon as possible after the injury took place.
- The person/staff member who witnessed the accident/injury must be responsible for completing the form.
- Reports need to be written for any head, injury/incident no matter how small or insignificant the incident might seem.
- Parents need to be called immediately after witnessing head injury describing what happened and what first aid measures were taken.

- Parents need to sign the report upon arrival.
- Reports need to be filled out for any break of arm leg or straining of e.g.; ankle etc. and parents need to be called. Ask or advise parents that an ambulance has been called in case of an arm/leg break.
- Incident/Accident reports do not have to be filled out when children fall and graze a knee, arm, or other body part, apart from the head. Parents need to be notified of the graze; carpet burn etc. upon arrival.
- First aid must be applied in all circumstances. (Graze, papercut, carpet burn etc.)

#### 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 hours.
- Practice effective hand hygiene techniques
- Ensure that appropriate cleaning practices are being followed in service.
- Exclude children from the service if they feel the child is too unwell.

#### SOURCE

- Australian Children’s Education & Care Quality Authority. (2014).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015,
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Raising Children Network - [http://raisingchildren.net.au/articles/fever\\_a.html3](http://raisingchildren.net.au/articles/fever_a.html3)
- Staying healthy in childcare. 5<sup>th</sup> Edition
- Policy Development in early childhood setting
- First Aid Workplace - <http://sydney.edu.au/science/psychology/whs/COP/First-aid-workplace.pdf>

#### REVIEW

Policy Review Date
Sept 2022