

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 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

Children (Education and Care Services) National Law	
12	Meaning of serious incident
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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.

SCOPE

This policy applies to children, families, Educators, staff, Management and visitors of the Service.

RELATED POLICIES

Administration of First Aid Policy

Administration of Medication Policy

Anaphylaxis Management Policy

Asthma Management Policy

Control of Infectious Disease Policy

Diabetes Management Policy

Epilepsy Management Policy

Hand Washing Policy

Health & Safety Policy

Medical Conditions Policy

Sick Children Policy

IDENTIFYING SIGNS AND SYMPTOMS OF ILLNESS

Early Childhood 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.

Symptoms indicating illness may include:

- Behaviour that is unusual for the individual child
- High Temperature or Fevers
- Loose bowels
- Faeces with grey, pale or containing 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
- 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.

When a child has a high temperature or fever

- Educators will notify a parent/guardian or emergency contact 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 24 hours after the child's last temperature.
- Educators will complete an Incident, Injury, Trauma and Illness Record noting down any other symptoms that may have developed along with the temperature (for example, a rash, vomiting, etc.).

Methods used 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 onto the child's forehead, back of the neck and exposed areas of skin.
- If available and requested by a parent/guardian or emergency contact person, and authorised by a Medical Practitioner, staff may administer Paracetamol (E.g. Panadol or Neurofen) in an attempt to bring the temperature down, however, a parent/guardian or emergency contact person must still collect the child.
- **Please note that our Service does not routinely keep Paracetamol on the premises and we will only administer Paracetamol to a child if the parent/guardian has supplied it and it is accompanied by authorisation from a Medical Practitioner.**
- If Paracetamol is administered, an Incident, Injury, Trauma and Illness Record will be completed for the child along with a Medication Record or Medical Management Plan Medication Record (whichever applies) noting the child's temperature, other symptoms, time, name of medication administered, the dosage and method of administration and the names and signatures of both the staff member and witness who administered the medication. A parent/guardian or emergency contact person will be required to sign these documents on arrival.

Dealing with colds / flu

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 an Education and Care Service may have as many as 8 to 12 colds a year.

As children get older, and 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 children home if they appear unwell due to a cold. 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. Management will assess each individual case prior to sending the child home.

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.

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 required. The parent/guardian 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.

Please note: If there is a gastroenteritis outbreak at the service, children will be excluded from the Service until the diarrhoea 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.

Behavioural responses 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 in Pre-School aged children who have experiences trauma may include:

- New or increased clingy behaviour such as constantly following a parent, carer or staff member
- 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 understand that 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 reflective 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.
- 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 and 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

Our Service has a duty of care to ensure that all children, Educators, staff, families, Management, volunteers and visitors are provided with a high level of protection during the hours of Service 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.

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.
- Incident, Injury, Trauma and Illness Records are completed accurately as soon as practicable following the incident.
- First aid kits are easily accessible and recognised where children are present at the Service and during excursions.
- First aid kits are suitably prepared and checked on a regular basis.
- First aid, CPR, anaphylaxis management training and asthma management training is current and updated for all Educators and staff.
- Adults or children who are ill are excluded for the appropriate period.
- Educators, 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.
- If an 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 is called in response to an emergency (not as a precaution), the regulatory authority will be notified within 24 hours of the incident as stated in the National Regulations.
- Parents/guardians are notified of any infectious diseases circulating the Service.

- Educator and staff qualifications are displayed where they can be easily viewed by all families & authorities.
- A First aid qualified Educator is present at all times on the roster and within the Service.
- Children are excluded from the Service if they feel the child is unwell.

Educators will:

- Advise the parent/guardian to keep a 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 Service.
- Disinfect toys and equipment on a regular basis and record details in the Cleaning and Disinfection Register.

Sources

<ul style="list-style-type: none"> • 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. • Staying healthy in child care. 5th Edition • Policy Development in early childhood setting • First Aid Workplace - http://sydney.edu.au/science/psychology/whs/COP/First-aid-workplace.pdf • Revised National Quality Standard.
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Review

Policy Reviewed	Modifications	Next Review Date
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
October 2017	Updated references to comply with the Revised National Quality Standard.	March 2018