MARY RICE
Early Learning Centre

INCIDENT, INJURY, TRAUMA AND ILLNESS POLICY AND PROCEDURE

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, practised 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	
103	Premises, furniture and equipment to be safe, clean and in good repair
105	Furniture, materials and equipment
106	Laundry and hygiene facilities
109	Toilet and hygiene facilities
112	Nappy change facilities
115	Premises designed to facilitate supervision
155	Interactions with children
156	Relationships in groups

RELATED POLICIES

Administration of First Aid Policy Administration of Medication Policy Anaphylaxis Management Policy Asthma Management Policy	Control of Infectious Disease Policy Family Communication Policy Immunisation Policy Infectious Disease Policy Medical Conditions Policy Privacy and Confidentiality Policy Record Keeping and Retention Policy

PURPOSE

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.

SCOPE

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

IDENTIFYING SIGNS AND SYPTOMS OF ILLNESS

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

Symptoms indicating illness may include:

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

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

• 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 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. Infants are protected from colds for about the first 6 months of life by antibodies from

their mothers. After this, infants and young children are very susceptible to colds because they are not immune, they have close contact with adults and other children, they cannot practice good personal hygiene, and their smaller nose and ear passages are easily blocked. It is not unusual for children to have five or more colds a year, and children in education and care Services may have as many as 8–12 colds a year.

As children get older, and as they are exposed to greater numbers of children, they get fewer colds each year because of increased immunity. By 3 years of age, children who have been in group care since infancy have the same number of colds, or fewer, as children who are cared for only at home. Management have the right to send to children home if they appear unwell due to a cold or general illness. Children can become distressed and lethargic when unwell. With discharge coming from the children's nose and coughing, can lead to germs spreading to other children, Educators, toys and equipment. Management will assess each individual case prior to sending the child home.

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.

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. 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, with any evidence attached.

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

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 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 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. It s.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 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.

IMPLEMENTATION

We have a duty of care to ensure that all children, educators, carers, families, management, volunteers and visitors are provided with a high level of protection during the hours of the Service's operation.

Infections are by far the most common cause of fever in children. In general, a fever is nature's response to infection, and can actually help the body fight infection.

Management/Nominated Supervisor/Responsible Person will ensure:

• Service policies and procedures are adhered to at all times
• Parents or Guardians are notified as soon as practicable no later than 24 hours of the illness, accident or trauma occurring.
• To complete an Illness, accident or trauma record accurately and without deferral
• First aid kits are easily accessible and recognised where children are present at the Service and during excursions. • First aid, anaphylaxis management training and asthma management training is current and updated
• Adults or children who are ill are excluded for the appropriate period.
• Staff and children always practice appropriate hand hygiene.
• Appropriate cleaning practices are followed.
• Educators or Staff who have diarrhoea do not prepare food for others.
• To keep cold food cold (below 5 °C) and hot food hot (above 60°C) to discourage the growth of bacteria.

• First aid kits are suitably prepared and checked on a monthly basis (First Aid Kit Record)

• Incident, Injury, Trauma and Illness Records are completed accurately as soon as practicable following the incident

• That if the incident, situation or event presents imminent or severe risk to the health, safety and wellbeing of any person present at the Service or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours of the incident.

• 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 on the roster and in the Service

• 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

SOURCE

• Australian Children's Education & Care Quality Authority

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

• ECA Code of Ethics. • Guide to the National Quality Standard.

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

• Staying healthy in child care. 5th Edition

• Policy Development in early childhood setting

• First Aid Workplace - http://sydney.edu.au/science/psychology/whs/COP/First-aidworkplace.pdf

• Revised National Quality Standard

REVIEW

POLICY REVIEWED	JANUARY 2020	NEXT REVIEW DATE	JANUARY 2021
MODIFICATIONS	• Additional information added to points. • Sources/references corrected, updated.		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
JANUARY 2019	• Additional information added to points. • Rearranged the order of points for better flow • Sources/references corrected, updated, and alphabetised.		JANUARY 2020
JANUARY 2018	• Statements added to improve operational delivery and compliance • Added related policy section		JANUARY 2019
OCTOBER 2017	• Updated the references to comply with the revised National Quality Standard		JANUARY 2018
JANUARY 2017	• Minor changes made		JANUARY 2018