



2.04 Incident, Illness, Accident & Trauma Policy

POLICY STATEMENT

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.

AIM

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.

STANDARDS AND PROCEDURES

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 fevers 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:

- Parents or Guardians are notified as soon as practicable of the illness, accident or trauma occurring.
- 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 (see 2.06 Sick Children Policy)
- Educators and children always practice appropriate hand hygiene.
- Appropriate cleaning practices are followed.
- To keep cold food cold (below 5 °C) and hot food hot (above 60°C) to discourage the growth of bacteria.
- 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 will:

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

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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 48 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)
- 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

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.

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 an episode of diarrhoea and/or vomiting, Management will notify parents or emergency contact to collect the child immediately. The child is required to visit a doctor and cannot return to the service until 48 hours after the last symptom.

Serious Injury, Incident or Trauma

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 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 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.

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 Preschool 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.

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?').

Living or working with traumatised children can be demanding - be aware of your own responses and seek support from management when required.

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

SOURCE LIST

This section contains websites, industry bodies, or Legislation that have been used to assist in sourcing the information for this policy. It also acts as a guide to sourcing further reading on each relevant policy.

- [Australian Children’s Education & Care Quality Authority](#)
- [Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011](#)
- [Revised National Quality Standard](#)
- [ECA Code of Ethics](#)
- [Staying Healthy in Child Care 5th Edition](#)
- [Raising Children Network](#)
- [First Aid Workplace](#)

RELATED POLICIES

- 2.01 Administration of First Aid Policy
- 2.02 Administration of Medication Policy
- 2.03 Medical Conditions Policy
- 2.05 Control of Infectious Disease Policy
- 2.08 Immunisation Policy
- 6.02 Family Communication Policy
- 7.07 Record Keeping and Retention of Records Policy

POLICY REVIEW

The review schedule has been developed using a risk assessment methodology with consideration given to sector, industry, and legislative changes.

Date reviewed	Policy changed		Modifications	Next Review Date
May 2018	Yes	No		March 2019