

INCIDENT, ILLNESS, ACCIDENT & TRAUMA POLICY

Related Quality Area	QA2: Children’s Health and Safety
Related Policies	Physical Environment Policy Work, Health and Safety Policy Family Communication Policy Immunisation 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, and trauma that may occur at Nightcliff Family Centre (the Centre) to ensure the safety and well-being of children, educators and visitors. This policy will guide educators to manage illness and prevent injury.

IMPLEMENTATION

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 to minimise the spread of an infection, medical advice and immediate pick up 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 that are grey, pale or contains 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
- Difficulty in swallowing or complaining of a sore throat
- Persistent, prolonged or severe coughing
- Difficulty breathing
- Stiff neck or sensitivity to light.

High temperatures or fevers

Recognised authorities suggest a child’s normal temperature will range between 36.0°C and 37.0°C.

Any child with a high fever or temperature reaching 38°C or higher will not be permitted to attend the Centre until 24 hours after the temperature/fever has subsided.

When a child has a high temperature or fever:

- Educators will notify parents when a child registers a temperature of 38°C or higher.
- Educators will closely monitor the child focusing on how the child looks and behaves and be alert to the possibility of vomiting, coughing or convulsions.

- The child will need to be collected from the Centre and will not be permitted back for a further 24 hours after the child's last temperature.
- Educators will complete an illness, Accident and Trauma record and note down any other symptoms that may have developed along with the temperature (for example, a rash, vomiting, etc.).

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 be mindful of cultural beliefs.
- If requested by a parent or emergency contact person, staff may administer Paracetamol or Ibuprofen (Panadol or Nurofen) in an attempt 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 for the administration of Panadol or Nurofen when collecting the child.

Serious injury, incident, or trauma

In the event of any child, educator, staff, volunteer or contractor having an accident at the Service, an educator who has a First Aid Certificate will attend to the person immediately.

Adequate supervision will be provided to all children.

Procedures as per our *Administration of First Aid Policy* will be adhered to by all staff.

DEFINITION OF SERIOUS INCIDENT:

Regulations require the Approved Provider or Nominated Supervisor to notify Regulatory Authorities within 24 hours of any serious incident at the Centre.

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 or emergency where the attendance of emergency services at the Education and Care Service premises was sought, or ought reasonably to have been sought (e.g. severe asthma attack, seizure or anaphylaxis).

(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.

If our service only becomes aware that the incident was serious afterwards, we will notify the regulatory authority within 24 hours of becoming aware that the incident was serious.

We will notify the regulator using form [SIO1 Notification of Serious Incident](#).

The Approved Provider will also notify the regulatory authority in writing:

- within 24 hours of any complaints alleging that the safety, health or wellbeing of a child is being compromised at the service or
- within 7 days of any circumstances arising at the Service that pose a risk to the health, safety and wellbeing of a child.
- within 24 hours of the attendance of any children being educated and care for in an emergency. This includes where the child needs protection under a child protection order or the parent of the child needs urgent health care. The emergency care can be for no more than two consecutive days the service operates.

We will advise the regulatory authority what the emergency is and make a statement that the Approved Provider has taken into account the safety, health and wellbeing of all the children attending the service before deciding to accept the additional child/children.

HEAD INJURIES

It is common for children to bump their heads during everyday play, however it is difficult to determine whether the injury is serious or not. Therefore, any knock to the head is considered a *head injury* and should be assessed by a doctor. In the event of any head injury, the First Aid officer will assess the child, administer any urgent First Aid and notify parents/guardians to collect their child.

Emergency services will be contacted immediately on 000 if the child:

- has sustained a head injury involving high speeds or fallen from a height (play equipment)
- loses consciousness
- seems unwell or vomits several times after hitting their head

Trauma

Trauma is defined as the impact of an event or a series of events during which a child feels helpless and pushed beyond their ability to cope.

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 experienced 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 jumpier 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 to the way they are feeling. When parents, educators and staff take the time to listen, talk, and play they may find children begin to say 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 may take time to understand how to respond to a child's needs and new behaviours before parents, educators and staff are able to work out the best ways to support a child. It is imperative to realise that 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 expressed feelings of a child and documenting responses that were most helpful in these situations.
- 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?').

Strategies to assist Families, Educators and Staff to cope with children's stress or trauma 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 educator 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.

CHILDREN ARRIVING AT THE CENTRE WHO ARE UNWELL

Management will not accept a child into care if they:

- have a diagnosed contagious illness or infectious disease
- have a temperature above 38.0°C
- have been given medication for a temperature before arriving at the Service (for example: Panadol)
- have had *any* diarrhoea and/or vomiting in the last 24 hours
- have started a course of antibiotics in the last 24 hours.

IDENTIFYING SIGNS AND SYMPTOMS OF ILLNESS

Educators will closely monitor the child focusing on the symptoms displayed and how the child behaves and be alert to the possibility of symptoms that may suggest the child is very sick and needing urgent medical assistance.

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. However, gastroenteritis can cause dehydration because of the large amount of fluid lost through vomiting and diarrhoea. Therefore, if a child does not receive enough fluids, he/she may require fluids intravenously.

If a child has diarrhoea and/or vomiting whilst at the Service, management/ staff will notify parents or an emergency contact. If the child has diarrhoea and/or vomiting for the Second time, parents will be notified to collect the child immediately.

Staff and children that have had diarrhoea and/or vomiting will be excluded from the Service until there has not been any diarrhoea or vomiting for at least 24 hours. If the diarrhoea or vomiting are confirmed to be norovirus, they will be excluded until there has not been any diarrhoea or vomiting for at least 48 hours. Staff who handle food will be excluded from the Service for up to 48 hours after they have stopped vomiting or having diarrhoea. [Staying healthy, 2024.]

An *Incident, Injury, Trauma and Illness Record* must be completed as per regulations. Notifications for serious illnesses must be lodged with the regulatory authority and Public Health Unit.

NOTIFYING FAMILIES AND EMERGENCY CONTACT- SICKNESS OR INFECTIOUS ILLNESS

- It is a requirement of the Service that all emergency contacts are able to pick up an ill child within a 30-minute timeframe
- In the event that the ill child is not collected in a timely manner, or should parents refuse to collect the child, a warning letter will be sent to the families outlining Service policies and requirements. The letter of warning will specify that if there is a future breach of this nature, the child's enrolment position may be terminated.
- Parents or guardians are notified as soon as practicable and no later than 24 hours of the illness, accident, or trauma occurring
- Families will be notified of any outbreak of an infectious illness (e.g.: Gastroenteritis, whooping cough) within the Service via our notice board, online app or email to assist in reducing the spread of the illness
- When a child has been diagnosed with an illness or infectious disease, the Service will refer to information about recommended exclusion periods from the Public Health Unit (PHU) and *Staying healthy: Preventing infectious diseases in early childhood education and care services, 6th Edition (2024)*.

MANAGEMENT/NOMINATED SUPERVISOR/RESPONSIBLE PERSON AND EDUCATORS WILL ENSURE:

- Service policies and procedures are adhered to at all times.
- Parents or guardians are notified as soon as practicable and no later than 24 hours of the illness, accident, or trauma occurring.

- Parents are advised to keep the child home until they are feeling well, and they have not had any symptoms for at least 24-
- An Illness, accident or trauma record is completed accurately and in a timely manner as soon after the event as possible.
- First aid qualified educators are present at all times on the roster and in the Service.
- First aid kits are suitably equipped and checked on a monthly basis (see First Aid Kit Record).
- First aid kits are easily accessible when children are present at the Service and during excursions.
- First aid, anaphylaxis management training, and asthma management training is current and updated as required.
- Adults or children who are ill are excluded for the appropriate period.
- Educators or staff who have diarrhoea or an infectious disease do not prepare food for others.
- Cold food is kept cold (below 5 °C) and hot food, hot (above 60°C) to discourage the growth of bacteria.
- 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.
- Children are excluded from the service if staff feel the child is too unwell to attend or is a risk to other children.
- Staff and children always practice appropriate hand hygiene.
- Appropriate cleaning practices are followed.
- Toys and equipment are cleaned and disinfected on a regular basis which is recorded in the toy cleaning register.
- All illnesses are documented in the service Illness Register.

First Aid Kit Guidelines

Any First Aid kit at the service must:

- Not be locked.
- Not contain paracetamol.
- Be appropriate for the number of employees and children and adequate for the immediate treatment of injuries at the service.
- Be in a place that takes an employee no longer than two minutes to reach, including time required to access secure areas.
- Be constructed of resistant material, be dustproof and of sufficient size to adequately store the required contents
- Be capable of being sealed and preferably be fitted with a carrying handle as well as have internal compartments.
- Contain a list of the contents of the kit.
- Be regularly checked using the First Aid Kit Checklist to ensure the contents are as listed and have not deteriorated or expired.
- Have a white cross on a green background with the words 'First Aid' prominently displayed on the outside.
- Be easy to access and if applicable, located where there is a risk of injury occurring.
- Display emergency telephone numbers, the phone number and location of the nearest first aid trained educators (including appropriate information for those employees who have mobile workplaces).
- Display a photograph of the first aid trained educators along with contact details to assist in the identification process.
- Be provided on each floor of a multi-level workplace.
- Be provided in each work vehicle.

- Consideration should be given to preventative measures such as sunscreen protection and portable water if working outdoors.
- First Aid kits must be taken on excursions and be attended by First Aid qualified educators.
- Be maintained in proper condition and the contents replenished as necessary.
- Our First Aid delegated individual responsible for maintaining all First Aid kits at the service is:

Name Judy Rondon Arenas Role Director

Number of First Aid Kits Responsible for in the Service – 5

- Our back-up First Aid delegated individual is responsible for maintaining all First Aid kits when the person listed above is away:

Name Anu Tapha Role 2IC

Name Josepha Minani Educational Leader

Name Justine O'Brien Role Administration

Number of First Aid Kits Responsible for In the Service – 5

These individuals are responsible for ensuring each Kit has the required quantities, items are within their expiry dates and sterile products are sealed. This will occur after each use or if unused, at least annually. They will also consider whether the first aid kits and modules suit the service's hazards and the injuries that have occurred. If the kit requires additional resources, these individuals will advise and follow up with the nominated supervisor.

- We will display a well-recognised, standardised first aid sign to assist in easily locating first aid kits. Signage will comply with AS 1319:1994 – Safety Signs for the Occupational Environment.

First Aid Kit Checklist

Our service will employ St Johns Australia to come to the service and ensure all first aid kits meet requirements every 6 months.

Our educators will also ensure they are equipped with the appropriate resources to deal with a child at risk of anaphylaxis and other medical conditions. Educators may wish to provide additional items or modules, for example burns modules and eye wound modules.

Our service will use the Incident, Injury, Trauma and Illness Record template published by the national authority ACECQA at <http://acecqa.gov.au/storage/1-Incident,%20injury,%20trauma%20and%20illness%20record%20word%20version.pdf>

REVIEW

POLICY REVIEWED BY	Judy Rondon	Director	August 2022
POLICY REVIEWED	August 2022	NEXT REVIEW DATE	August 2023
MODIFICATIONS	<ul style="list-style-type: none"> • Policy reviewed as per review cycle 		
POLICY REVIEWED BY	Judy Rondon	Director	August 2024
POLICY REVIEWED	August 2024	NEXT REVIEW DATE	August 2025
MODIFICATIONS	<ul style="list-style-type: none"> • sources checked for currency and repaired as required • Policy reviewed as per review cycle 		

POLICY REVIEWED BY	Judy Rondon Hannah West	Director Chairperson	August 2025
POLICY REVIEWED	August 2025	NEXT REVIEW DATE	August 2026
MODIFICATIONS	<ul style="list-style-type: none"> • Policy reviewed as per review cycle • Template, spelling and grammar • 3 new sections 		