

# Incident Injury Trauma Illness Policy

## Scope

This policy applies to children, families, educators, staff, the Approved Provider, nominated supervisor, management, and visitors of the Preschool.

## Statement

The health and safety of all staff, children, families and visitors to our Preschool is of the utmost importance. We aim to reduce the likelihood of incidents, illness, accidents and trauma through implementing comprehensive risk management, effective hygiene practices and the ongoing professional development of all staff to respond quickly and effectively to any incident or accident.

We acknowledge that in early education and care services, illness and disease can spread easily from one child to another, even when implementing the recommended hygiene and infection control practices. Our Preschool aims to minimise illnesses by adhering to all recommended guidelines from relevant government authorities regarding the prevention of infectious diseases and adhere to exclusion periods recommended by public health units.

When groups of children play together and are in new surroundings accidents and illnesses may occur. Our Preschool is committed to effectively manage our physical environment to allow children to experience challenging situations whilst preventing serious injuries.

## Legislative Requirements

### 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 LAW AND REGULATIONS	
Sec.165	Offence to inadequately supervise children
Sec. 174(2)(a)	Prescribed information to be notified to Regulatory Authority
Sec.176(2)(a)	Time to notify certain information to Regulatory Authority
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
88	Infectious diseases
89	First aid kits
93	Administration of medication
95	Procedure for administration of medication
97	Emergency and evacuation procedures
103	Premises, furniture and equipment to be safe, clean and in good repair
104	Fencing
117	Glass
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
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
177	Prescribed enrolment and other documents to be kept by approved provider
183	Storage of records and other documents

## Related Policies

Acceptance and Refusal of Authorisations Policy Administration of First Aid Policy Delivery of Children to and Collection from ECE Premises Policy Dealing with Infectious Diseases Policy Emergency Evacuation and Lockdown Policy Enrolment and Orientation Policy	Governance and Management of the Service Policy Handwashing Policy Immunisation Policy Medical Conditions Policy Privacy Policy Retention of Records and Documents Policy Sick Children Policy Work Health and Safety Policy
--	---

## Purpose

Educators have a duty of care to respond to and manage illnesses, accidents, incidents, and trauma that may 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 and provide guidance of the required action to be taken in the event of an incident, injury, trauma or illness occurring when a child is educated and cared for.

## Strategies

All strategies detailed below are to be endeavoured to be implemented to the extent reasonably practicable.

## Implementation

Under the *Education and Care Services National Regulations*, an approved provider must ensure that policies and procedures are in place for incident, injury, trauma and illness and take reasonable steps to ensure policies and procedures are followed. (ACECQA, 2021). In the event of an incident, injury, trauma or illness all staff will implement the guidelines set out in this policy to adhere to National Law and Regulations and inform the regulatory authority as required.

Our Preschool implements risk management planning to identify any possible risks and hazards to our learning environment and practices. Where possible, we have eliminated or minimised these risks as is reasonably practicable.

We are committed to minimise the spread of infectious diseases such as coronavirus (COVID-19) by implementing recommendations provided by the Australian Government- Department of Health and Safe Work Australia.

Our Preschool implements procedures as stated in the *Staying healthy: Preventing infectious diseases in early childhood education and care services (Fifth Edition)* developed by the Australian Government National Health and Medical Research Council as part of our day-to-day operation of the Preschool.

We are guided by explicit decisions regarding exclusion periods and notification of any infectious disease by the Australian Government- Department of Health and local Public Health Units in our jurisdiction under the Public Health Act.

## Identifying signs and symptoms of illnesses

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 may be 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 Preschool to manage the spread of the virus. These measures may include but are not limited to the following:

- notifying vulnerable people within the workplace of the risks of the virus/illness including:
  - people with underlying medical needs
  - children with diagnosed asthma or compromised immune systems

- Aboriginal and Torres Strait Islander people over the age of 50 with chronic medical conditions
- 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 regularly
- recommending influenza vaccination for children, staff and parents

Children who appear unwell at the Preschool will be closely monitored and if any symptoms described below are noticed, or the child is not well enough to participate in normal activities, parents or an emergency contact person will be contacted to collect the child as soon as possible.

A child who is displaying symptoms of a contagious illness or virus (vomiting, diarrhoea, fever) will be moved away from the rest of the group and supervised until he/she is collected by a parent or emergency contact person.

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
- a stiff neck or sensitivity to light

As per our Sick Children Policy we reserve the right to refuse a child into care if they:

- are unwell and unable to participate in normal activities or require additional attention
- have had a temperature/fever, or vomiting in the last 24 hours (unless they subsequently develop any gastroenteritis symptoms in the same 24 hour period i.e. diarrhoea, further vomiting, where the exclusion period extends to a minimum 48 hours)

- o have had diarrhoea in the last 48 hours
- o have been given medication for a temperature prior to arriving at the Preschool
- o have started a course of anti-biotics in the last 24 hours
- o have a contagious or infectious disease

### In the event of an injury/illness

If a child becomes injured or ill, has an accident, or any other matter concerning the child's health arises whilst at Preschool the following will apply:

- If the child sustains a minor injury (e.g. scratches and scrapes) the staff will apply first aid treatment and complete an Illness Report or Incident Report. This report is to be read and signed by the parent / carer or authorised nominee on collecting the child at the end of the Preschool day and a copy will be forwarded to them;
- If the child sustains a moderate injury (e.g. moderate head trauma or bruising) the parent / carer will be notified of the injury and the child's current condition, it is the responsibility of the parent / carer or authorised nominee to decide whether the child should be collected from the Preschool. In the event the child sustains a moderate injury and is unable to return to class participation they will be required to be collected by the parent/carers or authorised nominee.
- In instances where the child sustains a more serious injury (e.g. including an injury as a result of a strong force above the shoulders, or falls ill), the class teacher or responsible person in charge will notify the parent / carer or authorised nominee of the concern and request them to make arrangements for the child to be collected;
- The Preschool does not have the staff resources to adequately care for children who become ill at Preschool. Such instances include, but are not limited to, any strong force injury above the shoulders, displaying symptoms of a contagious illness (vomiting, diarrhoea) (refer Diarrhoea and Vomiting (Gastroenteritis) below), high temperature (refer High Temperature below);
- The child will be kept under adult supervision, separated from other children in a quiet area and the child's condition will be monitored until the child's parent / carer or authorised nominee takes charge of the child;
- Staff will seek urgent medical, dental, ambulance transport or hospital treatment if necessary and return the child as soon as practicable to the care of the parent / carer or authorised nominee. If the written authorisation for treatment on the enrolment form nominates a preferred medical practitioner or dentist to treat the child then the medical or dental treatment for the child must, if practicable, be carried out by that medical practitioner or dentist;
- In the event a child is suffering from a life-threatening condition or requires urgent medication or treatment, an ambulance will be called to transport the child to hospital. The parent / carer or authorised nominee will be notified as soon as possible. In the absence of a parent / carer or authorised nominee to accompany the child, a staff member will accompany the child taking with them the child's enrolment file and completed Incident or Illness Report, and they will wait with the child until the parent / carer or authorised nominee arrives to take charge of the child. The completed

Incident or Illness Report will be given to the parent / carer or authorised nominee on their arrival to read and sign, a copy will be later forwarded to them and the enrolment information will be given to the medical staff to view and return;

- The class teacher will be informed of any incident/illness to a child if they were not attending to the child at the time of an incident/illness; and
- The nominated supervisor will be informed of any serious incident/illness to a child.

## Identifying symptoms of a child's injury/illness

It is often very difficult to make an accurate assessment of the severity of a head or neck injury. No head or neck injury will be disregarded or treated lightly as there is the possibility that complications may develop later.

All educators are trained to identify the symptoms of illness and will monitor the children throughout the course of the day. Children are often unable to explain symptoms if they feel unwell. Staff will also look for possible non-verbal cues anomalous to the child that may indicate a symptom of illness/injury. This may include an unwillingness to participate to classroom activities. If a child does not seem "right" they may be unwell even though the exact problem cannot be seen. Children who look and behave as usual are unlikely to be very ill.

A child who is displaying symptoms of a contagious illness (vomiting, diarrhoea) will be moved away from the rest of the group and supervised until he/she is collected by a parent or emergency contact person.

Parents or an emergency contact person will be contacted to collect the child as soon as possible.

## 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. However, sometimes a fever will last much longer and might be the sign of an underlying chronic or long-term illness or disease.

Recognised authorities suggest a child's normal temperature will range between 36.0°C and 37.0°C, but this will often depend on the age of the child and the time of day.

Any child with a high fever or temperature reaching 37.5C or higher will not be permitted to attend the Preschool until 24 hours after the temperature/fever has subsided.

## Process when a child has a high temperature or fever

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 be cared for in an area that is separated from other children in the service to await pick up from their parent/carer.

Educators will notify parents when a child registers a temperature of 37.5C or higher. The child will need to be collected from the Preschool as soon as possible, and will not be permitted back for a further 24 hours.

Emergency services will be contacted should the child have trouble breathing, becomes drowsy or unresponsive or suffers a convulsion lasting longer than five minutes.

## Educators will:

- complete an Injury, Incident Trauma & Illness record and note down any other symptoms that may have developed along with the temperature (for example, a rash, vomiting, etc.).
- 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.
- Contact the parents/carer or authorised nominee and advise them that the child has a high temperature, 37.5°C or higher and ask them to make arrangements for the child to be collected as soon as possible.
- The child's temperature, time, and the staff member's name will be recorded on the Illness Report which the parents will be requested to read and sign when collecting the child.

## Dealing with colds/flu (runny 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 may be requested to either stay at home and self-test using a Rapid antigen test (RAT). (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. 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.

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 has the right to send children home if they appear unwell due to a cold or general illness.

## 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 diarrhoea and/or vomiting whilst at the Preschool, Management will notify parents or emergency contact to collect the child immediately. In the event of an outbreak of viral gastroenteritis, management will contact the local Public Health Unit on 1300 066 055 (NSW).

Management must document the number of cases, dates of onset, duration of symptoms. An outbreak is when two or more children or staff have a sudden onset of diarrhoea or vomiting in a 2-day period. (NSW Government- Health 2019).

Children that have had gastroenteritis symptoms (i.e. diarrhoea and/or vomiting) will be required to stay away from the Preschool for a minimum of 48 hours after symptoms have ceased to reduce infection transmission, as symptoms can develop again after 24 hours in many instances.

**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
- 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 gastroenteritis symptoms (i.e. diarrhoea and/or vomiting) will be excluded until the symptoms have stopped for at least 48 hours.

Please note: if there is a gastroenteritis outbreak at the Preschool, children will also be excluded from the Preschool until the diarrhoea and/or vomiting has stopped.

## **Preventing the spread of illness**

To reduce the transmission of infectious illness, our Preschool implements effective hygiene and infection control routines and procedures.

If a child is unwell or displaying symptoms of a cold or flu virus, parents are requested to keep the child away from the Preschool. Infectious illnesses can be spread quickly from one person to another usually through respiratory droplets or from a child or person touching their own mouth or nose and then touching an object or surface.

### **Prevention strategies**



Practicing effective hygiene helps to minimise the risk of cross infection within our Preschool.

Signs and posters remind employees and visitors of the risks of infectious diseases, including COVID-19 and the measures necessary to stop the spread.

Educators model good hygiene practices and remind children to cough or sneeze into their elbow or use a disposable tissue and wash their hands with soap and water for at least 20 seconds after touching their mouth, eyes or nose.

Handwashing techniques are practised by all educators and children routinely using soap and water before and after eating and when using the toilet and drying hands thoroughly with paper towel (See *Handwashing Policy*).

After wiping a child's nose with a tissue, educators will dispose the tissue in a plastic-lined bin and wash their hands thoroughly with soap and water and dry using paper towel.

All surfaces including bedding (pillows, mat, cushion) used by a child who is unwell, will be cleaned with soap and water and then disinfected.

Parents, children and visitors are requested to wash their hands upon arrival and departure at the Preschool or use an alcohol-based hand sanitizer. (Note: alcohol-based sanitizers must be kept out of reach of children and used by adults.)

## Parent/Family Notification- COVID-19

### COVID-19

Contact management for COVID-19 has changed due to the Omicron variant and testing and isolation in ECEC settings is no longer mandatory (although recommended).

Any person who tests positive to COVID-19 is to notify the Preschool if they have been onsite 48 hours prior to symptom onset.

The Approved Provider or nominated supervisor will submit a notification through the National Quality Agenda IT System (NQAITS) when there is an outbreak of 5 or more people with COVID-19 within a 7 day period.

If there is an outbreak of COVID-19 in our Preschool the Nominated Supervisor/responsible person will notify the Preschool community via letter (email/letter) as soon as practicable. (Regulation 88 (2)). The dates of attendance and the affected age group/room/program will be included. Families and staff will be required to monitor for symptoms and if symptomatic test using a RAT.

### **Other Infectious Illness- [gastroenteritis, whooping cough etc.]**

Parents will be notified of any outbreak of an infectious illness (e.g.: Gastroenteritis) within the Service via our notice board, online app or email to assist in reducing the spread of the illness

Exclusion periods for illness and infectious diseases are provided to parents and families and included in our Parent/Family Handbook and Sick Children Policy and Dealing with Infectious Disease Policy.

## Serious injury, incident or trauma

In the event of any child, educator, staff, volunteer or contractor having an accident at the Preschool, 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.

## Incident, injury, trauma and illness record

An *Incident, Injury, Trauma and Illness* record contains details of any incident, injury, trauma or illness that occurs while the child is being educated and cared for at the service. The record will include:

- name and age of the child
- circumstances leading to the incident, injury, illness
- time and date the incident occurred, the injury was received, or the child was subjected to trauma
- details of any illness which becomes apparent while the child is being cared for including any symptoms, time and date of the onset of the illness
- details of the action taken by the educator including any medication administered, first aid provided, or medical professionals contacted
- details of any person who witnessed the incident, injury or trauma
- names of any person the educator notified or attempted to notify, and the time and date of this
- signature of the person making the entry, and the time and date the record was made

Educators are required to complete documentation of any incident, injury or trauma that occurs when a child is being educated and cared for by the Service. This includes recording incidences of biting, scratching, dental or mouth injury. Due to Confidentiality and Privacy laws, only the name of the child injured will be recorded on the Incident, Injury, Trauma or Illness Record. Any other child/ren involved in the incident will not have their names recorded. If other children are injured or hurt, separate records will be completed for each child involved in the incident. Parents/Authorised Nominee must acknowledge the details contained in the record, sign and date the record on arrival to collect their child. All Incident, Injury, Trauma and Illness Records must be kept until the child is 25 years of age.

### **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 Preschool through the NQA IT System

(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 (eg: 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.

### **Missing or unaccounted for child**

At all times, reasonable precautions and adequate supervision is provided to ensure children are protected from harm or hazards. However, if a child appears to be missing or unaccounted for, removed from the Service premises that breaches the National Regulations or is mistakenly locked in or locked out of any part of the Service, a serious incident notification must be made to the Regulatory Authority.

A child may only leave the Service in the care of a parent, an authorised nominee named in the child's enrolment record or a person authorised by a parent or authorised nominee or because the child requires medical, hospital or ambulance care or other emergency.

Educators must ensure that:

- the attendance record is regularly cross-checked to ensure all children signed into the service are accounted for
- children are supervised at all times
- visitors to the service are not left alone with children at any time

Should an incident occur where a child is missing from the Service, educators and the Nominated Supervisor will:

- attempt to locate the child immediately by conducting a thorough search of the premises (checking any areas that a child could be locked into by accident)

- cross check the attendance record to ensure the child hasn't been collected by an authorised person and signed out by another person
- if the child is not located within a 10-minute period, emergency services will be contacted, and the Approved Provider will notify the parent/s or guardian
- continue to search for the missing child until emergency services arrive whilst providing supervision for other children in care
- provide information to Police such as: child's name, age, appearance, (provide a photograph), details of where the child was last sighted.

The Approved Provider is responsible for notifying the Regulatory Authority of a serious incident within 24 hours of the incident occurring.

If a child is missing during or following transportation the *Missing Child During Regular Transportation Procedure* is to be followed.

### **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. There are a range of different events that might be traumatic to a child, including accidents, injuries, serious illness, natural disasters (bush fires), assault, and threats of violence, domestic violence, neglect or abuse and war or terrorist attacks. Parental or cultural trauma can also have a traumatising effect 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).

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 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?').

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 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
- accessing support resources- BeYou, Emerging Minds.

## Management/Nominated Supervisor/Responsible Person and Educators will ensure:

- service policies and procedures are adhered to at all times
- each child's enrolment records include authorisations by a parent or person named in the record for the approved provider, nominated supervisor or educator to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and if required, transportation by an ambulance service
- parents or guardians are notified as soon as practicable and no later than 24 hours of the illness, accident, or trauma occurring
- an *Incident, Injury, Trauma and Illness Record* is completed accurately and in a timely manner as soon after the event as possible (within 24 hours)
- parents are advised to keep the child home until they are feeling well, and they have not had any symptoms for at least 24-48 hours (depending upon the illness and exclusion periods)
- first aid qualified educators are present at all times on the roster and in the Preschool
- first aid kits are suitably equipped and checked quarterly (see *First Aid Kit Checklist*)
- first aid kits are easily accessible when children are present at the Preschool and during excursions
- first aid, emergency 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 (see *Sick Children Policy*)
- children are excluded from the Service if staff feel the child is too unwell to attend or is a risk to other children
- 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 Preschool, 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 Preschool within 24 hours of detection
- staff and children always practice appropriate hand hygiene and cough and sneezing etiquette
- appropriate cleaning practices are followed
- toys and equipment are cleaned and disinfected on a regular basis which is recorded in the toy cleaning register or immediately if a child who is unwell has mouthed or used these toys or resources
- additional cleaning will be implemented during any outbreak of an infectious illness or virus
- all illnesses are documented in the Preschool's *Incident, Injury, Trauma and Illness Record*
- information regarding the health and wellbeing of a child or staff member is not shared with others unless consent has been provided, in writing, or provided the disclosure is required or authorised by law under relevant state/territory legislation (including Child Information Sharing Scheme [CISS]).

## Families will:

- provide authorisation in the child's enrolment record for the approved provider, nominated supervisor or educator to seek medical treatment from a medical practitioner, hospital or ambulance service and if required, transportation by ambulance service

- provide up to date medical and contact information in case of an emergency
- provide emergency contact details and ensure details are kept up to date
- provide the Service with all relevant medical information, including Medicare and private health insurance
- provide a copy of their child's Medical Management Plans and update annually or whenever medication/medical needs change
- adhere to recommended periods of exclusion if their child has a virus or infectious illness
- complete documentation as requested by the educator and/or approved provider- *Incident, Injury, Trauma and Illness record* and acknowledge that they were made aware of the incident, injury, trauma or illness
- inform the Service if their child has an infectious disease or illness
- provide evidence as required from doctors or specialists that the child is fit to return to care if required
- provide written consent for educators to administer first aid and call an ambulance if required (as per enrolment record)
- complete and acknowledge details in the *Administration of Medication Record* if required.

## Resources

beyou Bushfire resource

Emerging Minds Community Trauma Toolkit

Fever in children- (health direct.gov.au)

Head Injury and concussion

NSW Health Gastro Pack NSW Health

Staying Healthy: *Preventing infectious diseases in early childhood education and care services*

Recommended exclusion periods- Poster

## Continuous Improvement Reflection

The *Incident, Injury, Trauma and Illness Policy* will be reviewed on an annual basis in conjunction with children, families, staff, educators and management.

## References

Australian Children's Education & Care Quality Authority. (2014).

Australian Children's Education & Care Quality Authority (ACECQA). 2020. Policy and Procedure Guidelines. *Incident, Injury, Trauma and Illness Guidelines*.

Australian Childhood Foundation. (2010). Making space for learning: Trauma informed practice in schools:

<https://www.theactgroup.com.au/documents/makingspaceforlearning-traumainschools.pdf>

Australian Government Department of Education. (2022). [\*Belonging, Being and Becoming: The Early Years Learning Framework for Australia\*.V2.0.](#)

Australian Government Department of Health *Health Topics* <https://www.health.gov.au/health-topics>

Beyond Blue: <https://beyou.edu.au/resources/news/covid-19-supporting-schools>

BeYou (2020) *Bushfires response* <https://beyou.edu.au/bushfires-response>

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2018).

[\*Education and Care Services National Regulations\*](#). (2011)

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).

Guide to the National Quality Standard. (2020)

Health Direct <https://www.healthdirect.gov.au/>

National Health and Medical Research Council. (2012). *Staying healthy: Preventing infectious diseases in early childhood education and care services*. Fifth Edition (updated 2013).

NSW Government. Department of Education. Managing COVID cases. <https://education.nsw.gov.au/early-childhood-education/coronavirus/managing-covid-cases>

NSW Public Health Unit: <https://www.health.nsw.gov.au/Infectious/Pages/phus.aspx>

Policy Development in early childhood setting

Raising Children Network: <https://raisingchildren.net.au/guides/a-z-health-reference/fever>

Revised National Quality Standard. (2018).

SafeWork Australia: <https://www.safeworkaustralia.gov.au/safety-topic/managing-health-and-safety/first-aid>

The Sydney Children’s Hospitals network (2020). <https://www.schn.health.nsw.gov.au/fact-sheets/fever>

## Review

POLICY REVIEWED	MARCH 2023	NEXT REVIEW DATE	MARCH 2024
VERSION NUMBER	V15.03.23		
MODIFICATIONS	<ul style="list-style-type: none"> <li>annual policy maintenance</li> <li>name change of Control of Infectious Disease Policy to <i>Dealing with Infectious Disease Policy</i></li> <li>reference to ELYF updated to V2.0</li> <li>vaccination requirements for COVID 19 removed</li> <li>updated information on managing positive COVID cases added</li> <li>hyperlinks checked and repaired as required</li> <li>continuous improvement section and Resource section added</li> <li>link to Western Australian Education and Care Services National Regulations added in ‘Sources’</li> <li>procedure removed from policy</li> </ul>		
March 2022	<ul style="list-style-type: none"> <li>Updated information re: COVID-19</li> <li>Updated Parent/Family notification for positive COVID-19</li> </ul>		
August 2020	<ul style="list-style-type: none"> <li>Preventing the spread of illness section added</li> <li>additional information about fevers and temperatures added</li> <li>section regarding sponging children to reduce fever deleted (Sydney Children’s Hospital recommendation)</li> <li>additional information for trauma added</li> <li>sources checked for currency/additional sources added</li> </ul>	March 2021	
March 2019	<ul style="list-style-type: none"> <li>Correct references sourced and added to ‘sources’</li> <li>Additional information added to points.</li> <li>Sources checked for currency.</li> <li>Sources/references corrected, updated, and alphabetised</li> </ul>	March 2020	
May 2019	<ul style="list-style-type: none"> <li>Exclusion period for gastroenteritis has been changed to assist in minimising the spread of infection</li> </ul>		



March 2018	<ul style="list-style-type: none"> <li>Minor, non-critical changes made to the policy in respect of a child's exclusion depending on the illness.</li> </ul>	March 2019
October 2017	<ul style="list-style-type: none"> <li>Updated the references to comply with the revised National Quality Standards</li> </ul>	March 2018
March 2017	<ul style="list-style-type: none"> <li>Minor changes made to ensure compliance with regulations protecting the health and safety of children and Educators.</li> <li>Updated to meet the National Law and/or National Regulations in respect of a serious incidents and notification purposes.</li> </ul>	March 2018