

Health & Safety

ACCIDENT INCIDENT INJURY & TRAUMA POLICY

Policy number: H&S 2

Date Reviewed: 8th November 2019

Revision: 5 (updated 11/12/2019)

Month of next Renewal: November 2020

Approved By: Leeann Eifler

Position: Committee (Secretary)

Date:

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS

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
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161	Authorisations to be kept in enrolment record
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RELATED POLICIES

Anaphylaxis Management Policy	Medical Conditions Policy
Asthma Management Policy	Privacy and Confidentiality Policy
Immunisation Policy	Record Keeping and Retention Policy
Infectious Disease 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.

SCOPE

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

IMPLEMENTATION

IDENTIFYING SIGNS AND SYPTOMS OF ILLNESS

Early Childhood Educators and Management are not doctors and are unable to diagnose an illness or infectious disease. To ensure the symptoms are not infectious and to 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 that are 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
- Difficulty in swallowing or complaining of a sore throat
- Persistent, prolonged or severe coughing
- Difficulty breathing

HIGH TEMPRETURES 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 38°C or higher will not be permitted to attend the Service. Medical advice will be required to be sought.

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 be permitted back until cleared by a registered medical practitioner and is accompanied by a written doctor's note/ medical certificate stating that the child is fit to return to care.
- Educators will complete an illness report and note down any other symptoms that may have developed along with the temperature (for example, a rash, vomiting, etc.).
- If at any time educators feel that a child may not be well but doesn't have a temperature, they will give the family a courtesy call to notify them of their concerns.

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.
- Sponge lukewarm water on the child's forehead, back of neck and exposed areas of skin: Never use cold water as this can have the opposite effect of increasing a temperature as the body fights back.
- To safeguard against the incorrect use of Paracetamol and minimise the risk of concealing the fundamental reasons for high temperatures, educators will only administer Paracetamol if it is accompanied by a Doctor's letter stating the reason for administering, the dosage, and duration it is to be administered for except for.

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 children home if they appear unwell due to a cold or general illness. Children can become distressed and lethargic when unwell. Discharge coming from a child's nose and coughing can lead to germs spreading to other children, educators, toys, and equipment. Management will assess each individual case prior to sending the child home.

DIARRHOEA AND VOMITING (GASTROENTERITIS)

Gastroenteritis (or 'gastro') is a general term for an illness of the digestive system. Typical symptoms include abdominal cramps, diarrhoea, and vomiting. In many cases, it does not need treatment, and symptoms disappear in a few days.



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 will notify parents or an emergency contact to collect the child immediately. If the Service has a total of three cases of gastroenteritis, the Public Health Unit must be notified.

It is the service policy that after 2 bouts of Diarrhoea and or 1 bout of vomiting that is the key indicating points in which the educators will contact the family to collect the child.

Children that have had diarrhoea and/or vomiting will be asked to stay away from the Service for **48 hours** after symptoms have ceased to reduce infection transmission as symptoms can reappear after 24 hours in many instances.

If your child is sent home due to the above instances you will be required to seek medical advice from a registered medical professional and the child will only be able to return once they have been cleared by the doctor and present the service with a written medical clearance/doctors note stating that your child is fit to return to care.

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 diarrhoea and/or vomiting will be excluded until the diarrhoea and/or vomiting has stopped for at least **48 hours**.

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**.

DEFINITION OF SERIOUS INCIDENT:

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 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, war, terrorist attacks, assault, and threats of violence, domestic violence, neglect or abuse. 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 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 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.

Living or working with traumatised children can be demanding so it is important to be aware of your own responses and seek support from management when required.



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 24-48 hours.
- 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
- 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. A sign will be placed on the front door.
- 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.

ACCIDENTS

Minor Incident

When a minor accident occurs at the centre, educators who are qualified in first aid will:

- Assess the injury.
- Attend to the injured child and apply first aid (making sure you are wearing gloves).
- Check that no one has come into contact with the injured child's blood or body fluids- if they have, they must wash any contaminated areas in warm soapy water.
- Clean up the spills using disposable gloves if bleeding is involved.
- Contact the parent/guardian (depending on the nature of the injury). Always contact parent/guardian if a head injury occurs no matter how small. If the parent/guardian is not contacted at the time of the accident they will be informed by the Team Leader of the room or Director or Responsible Officer about the incident when they arrive to collect their child.
- The staff member who witnessed the accident must fill out an accident/illness report form with full details about the incident; diagram of where child and staff were positioned needs to be filled out. Parents must sign this form to confirm their notification of the incident. The parent is then given a photocopy of the report.

In the event of injury or accident where a phone call is not deemed necessary, staff will inform parents on arrival with a completed incident sheet:

- Parents or guardians will be shown the incident sheet and asked to counter-sign it.
- Parents will be provided with a copy of the accident report.



- For further information regarding the incident, the parents should refer to the contact person nominated on the form.

Serious Incident

When a serious accident which requires more than simple first aid treatment occurs at the Centre an Educator who is qualified in first aid and CPR will:

- Assess the injury and recommend to the Director/Supervising Officer whether the parent should be contacted to collect their child or whether an ambulance needs to be called.
- Have the child's enrolment form ready for the ambulance officer.
- Discuss with the Director/Supervising Officer which staff member will accompany the child in the ambulance.
- Ensure that any contact with the injured child's blood or body fluids has been appropriately dealt with.
- The Educator who witnessed the accident must fill out an accident/illness report form with full details about the incident; diagram of where child and staff were positioned needs to be filled out. Parents must sign this form to confirm their notification of the incident. They will be given a photocopy of the report.
- The Director/Supervising Officer will contact the child's parents/guardians or emergency contact person to advise them of the incident and where they may meet their child from the ambulance. Every effort will be made not to panic the parent/guardian at this stage.
- The Director/Supervising Officer will arrange for emergency relief educators to attend the centre so that an educator can accompany the injured child in the ambulance or take the child to the local clinic or medical practitioner. The remaining children will be kept together until the emergency relief educator member has arrived at the centre.
- The Director/Supervising Officer will notify the Education and Care Regulatory Unit in writing of the incident/accident using the form from the ACEQA website regarding notification of serious Incident (SI01) within 24 hrs.
- The Director/Supervising Officer will contact the Chairperson to inform them of the incident and the steps taken.



Tragedy and or Death

If the tragedy of the death or serious injury of a child should occur whilst the child is in care, the Director/Supervising Officer will;

- In the event of a child's death, contact the police, who should advise the child's parents in person and assist them with transport to the centre or hospital.
- Contact the parents of the other children to advise them of an emergency, and request they arrive to collect their children as soon as they are able. On arrival parents will be advised about the death or serious injury of the child and will be given information about trauma counselling for their child if needed.
- Contact the Chairperson to advise them of the situation and inform them that the Director is going to notify the CEO (Education and Care Regulatory Unit), and arrange for trauma counselling for all those who may need it.
- At the end of the day, hold a debriefing session with all staff providing information about trauma counselling for those who feel they need it.
- After a serious incident at Mundarda Child Care Centre, staff will comfort children and be aware that some children may have shock reactions to the incident. The staff will do all they can to ensure each child's health and well-being, and will apply appropriate first aid in response to children's shock reactions.
- The Director/Supervising Officer will notify the Centre's insurers and also provide them with a copy of the accident report.
- The Licensee will notify the CEO (Education and Care Regulatory Unit) of the death, or injury that results in a child being admitted into hospital, of an Enrolled child during a care session, **within 24hrs**. All cost incurred in ensuring prompt medical attention for a child will be met by the parents/guardians.

Accidents which result in death or serious injury to employees (including likely to be absent from employment for 10 or more working days) must be

reported to the Department of Occupational Safety and Health under section 19(3) of the Occupational Safety and Health Act 1984 (WA).

- The Director/Supervising Officer will be responsible for completing an evaluation of all the Child Accident/Incident reports at the end of each month. This is to be discussed in the staff meetings.

Source

Australian Childhood Foundation. (2010). Making space for learning: Trauma informed practice in schools: <https://www.theactgroup.com.au/documents/makingspaceforlearning-traumainschools.pdf>

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

Belonging, Being and Becoming: The Early Years Learning Framework for Australia. (2009).

Early Childhood Australia Code of Ethics. (2016).

First Aid Workplace: <http://sydney.edu.au/science/psychology/whs/COP/First-aid-workplace.pdf>

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

Guide to the National Quality Standard. (2017).

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

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

Policy Development in early childhood setting

Raising Children Network: http://raisingchildren.net.au/articles/fever_a.html#3

Revised National Quality Standard. (2018).