

ST. CATHERINE'S EARLY EDUCATION CENTRE

INCIDENT, INJURY, TRAUMA AND ILLNESS POLICY

This policy is to be read with the:

[Sick Children Policy](#)

National Quality Standards

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

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
93	Administration of medication
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(2)a	Prescribed information to be notified to Regulatory Authority
176(2)a	Time to notify certain information to Regulatory Authority

Related Policies

First Aid Policy
Administration of Medication Policy
Anaphylaxis Management Policy
Asthma Management Policy
Infectious Disease Policy
COVID-19 Management Policy
Handwashing Procedure

Immunisation and disease prevention Policy
Medical Conditions Policy
Privacy and Confidentiality Policy
Record Keeping and Retention Policy
Sick Children Policy
Work Health and Safety Policy

ST. CATHERINE'S EARLY EDUCATION CENTRE

Aim

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 and related policies and procedures at the service will be followed by nominated supervisors, educators and staff of, and volunteers at, the service in the event that a child –

- (a) Is injured; or
- (b) Becomes ill; or
- (c) Suffers a trauma
- (d) An incident occurs

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 the policy to adhere to National Law and Regulations and inform the regulatory authority as required.

Our Service 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 Service 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 Service.

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 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 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.

ST. CATHERINE'S EARLY EDUCATION CENTRE

During a pandemic, such as COVID-19, risk mitigation measures may be implemented within the service to manage the spread of the virus. These measures may include but are not limited to the following:

- taking children's temperature prior to entry into the Service and excluding anyone who has a temperature 38 or above
- 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 at least twice daily, washing and laundering play items and toys
- ensuring cots, mats, cushions, highchairs are positioned at least 1 metre apart
- recommending influenza vaccination for children, staff and parents

Children who become ill at the Centre

Children may become unwell throughout the day, in which Management and Educators will respond to children's individual symptoms of illness.

- If we believe your child can not participate in the program as they would normally, eg' lethargic/ crying/ needing one on one care. We will call you to pick up your child immediately. If you do not respond we will go through your contact list to seek another person to pick up. Your child will need to be picked up with 30 minutes of the call.
- Educators will monitor and document the child's symptoms in an illness report.
- A child who has passed two runny stools/vomited whilst at the Centre will be sent home and may only return 48 hours after the symptoms have passed.
 - During an outbreak of an infectious disease, Parents will be notified if their child has 1 or more symptoms immediately. **(During this period, we do not give the benefit of doubt, we will send your child home as soon as 1 symptom appears)**
- Educators will take the child's temperature. If the child's temperature is 38°C or higher, **(37.5°C, effective during a pandemic or outbreak of an infectious disease)**
- educators will contact the child's parents/guardian/emergency contacts as soon as possible to have the child picked up and if necessary provide verbal authorisation to administer paracetamol.
- Educators will attempt to lower the child's temperature by
 - Taking off their shoes and socks
 - Offering water to drink/sip
 - Applying a cool (but not cold) washer behind their neck and on their forehead

ST. CATHERINE'S EARLY EDUCATION CENTRE

- Removing extra clothing layers (jumpers etc.)
- Place the child in a quiet area where they can rest, whilst being supervised
- Continue to document any progressing symptoms.
- Complete an Illness Record, ensuring the form has been completed correctly and signed by the parent/guardian/emergency contact and management.

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 Child 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, in the last 24 hours
- have had diarrhoea or vomiting in the last 48 hours
- have been given medication for a temperature prior to arriving at the Service
- have started a course of anti-biotics in the last 24 hours or
- if we have reasonable grounds to believe that a child has a contagious or infectious disease (this includes COVID-19)

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 **38°C** or higher will not be permitted to attend the Service until 48 hours after the temperature/fever has subsided.

WHEN A CHILD DEVELOPS A HIGH TEMPERATURE OR FEVER AT THE SERVICE

If your child becomes ill whilst at the Service, educators will respond to their individual symptoms of illness and provide comfort and care. Educators will closely monitor the child

ST. CATHERINE'S EARLY EDUCATION CENTRE

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.

- For infants under 3 months old, parents will be notified immediately for any fever over 38°C for immediate medical assistance. If the parent cannot take the child to a GP immediately, permission will be required for the Service to arrange for urgent medical assistance.
- 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 for a further 48 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 *Illness, Accident & 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.
- parental written permission to administer paracetamol or ibuprofen should be provided during enrolment and filed in the child's individual record
- before giving any medication to children, the medical history of the child must be checked for possible allergies
- the child's temperature, time, medication, dosage, and the staff member's name will be recorded in the Illness Register. Parents will be requested to sign the *Medication Authorisation Form* for the administration of Panadol or Nurofen 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 are requested to either stay at home or be assessed/tested for COVID-19. If a child, employee or visitor is tested for COVID-19, they are required to self-isolate until they receive notification from the Public Health Unit of their test results.

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.

ST. CATHERINE'S EARLY EDUCATION CENTRE

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.

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.

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. In the event of an outbreak of viral gastroenteritis, management will contact the local Public Health Unit on **1300 066 055** (NSW).

[Public Health Unit- Local state and territory health departments](#)

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 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.

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:

ST. CATHERINE'S EARLY EDUCATION CENTRE

- 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**.

Please note: If there is a gastroenteritis outbreak at the Service, children displaying the symptoms will be excluded from the Service until the diarrhoea and/or vomiting has stopped

PREVENTING THE SPREAD OF ILLNESS

To reduce the transmission of infectious illness, our Service implements effective hygiene and infection control routines and procedures as per the *Australian Health Protection Principal Committee* guidelines.

If a child is unwell or displaying symptoms of a cold or flu virus, parents are requested to keep the child away from the Service. 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

- Practising effective hygiene helps to minimise the risk of cross infection within our Service.
- 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.
- Cleaning contractors hygienically clean the service to ensure risk of contamination is removed as per Environmental Cleaning and Disinfection Principles for COVID-19

ST. CATHERINE'S EARLY EDUCATION CENTRE

- Parents, families and visitors are requested to wash their hands upon arrival and departure at the Service or use an alcohol-based hand sanitizer. (Note: alcohol-based sanitizers must be kept out of reach of children and used only with adult supervision.)
- Parents will be notified of any outbreak of an infectious illness (eg: Gastroenteritis) within the Service via our notice board, online app or email to assist in reducing the spread of the illness.
- The Public Health Unit (PHU) will notify the Approved Provider of the service in the event of a positive COVID-19 diagnosis of a child, employee, parent or visitor and conduct contact tracing. Any decision to close the Service and other directions will be provided by the PHU and regulatory body. The Approved Provider will notify the Regulatory Authority within 24 hours of any closure due to COVID-19 via the NQA IT System.
- Exclusion periods for illness and infectious diseases are provided to parents and families and included in our Parent/Family Handbook and *Sick Children Policy*.

COVID-19

The Public Health Unit (PHU) will notify the Approved Provider of the Service in the event of a positive COVID-19 diagnosis of any child, educator, parent or visitor and conduct contact tracing.

Any decision to close the Service and other directions will be provided by the PHU and regulatory body. The Approved Provider will notify the Regulatory Authority within 24 hours of any closure due to COVID-19 via the NQA IT System. (Further information regarding COVID-19 is in our COVID-19 Management Policy)

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

Parents will be notified of any outbreak of an infectious illness (eg: 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 *Control of Infectious Disease Policy*.

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 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:

ST. CATHERINE'S EARLY EDUCATION CENTRE

- 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.

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 Service** 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.

ST. CATHERINE'S EARLY EDUCATION CENTRE

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

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.

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

(see *Head Injury Guide and Procedure*)

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:

ST. CATHERINE'S EARLY EDUCATION CENTRE

- 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

ST. CATHERINE'S EARLY EDUCATION CENTRE

- 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.

Living or working with traumatised children can be demanding so it is important for all educators to be aware of their 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
- an illness, accident and trauma 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 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, 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 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
- staff and children always practice appropriate hand hygiene and cough and sneezing etiquette
- appropriate cleaning practices are followed

ST. CATHERINE'S EARLY EDUCATION CENTRE

- 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 *Service Incident Illness Accident and Trauma Record*

The following precautionary measures are to be implemented in the centre:

- All chemical, cleaning and other products and medications are to be kept in their original containers and stored in cupboards not accessible to children. I.e. out of reach or with childproof locks.
- Proper medication procedures must be followed at all times.
- Children are never left alone and/or unsupervised on change tables, in baths, in highchairs, or eating alone.
- The temperature of hot water systems should be consistently set between 60 to 65 degrees Celsius.
- The drinking of any hot beverage is to be restricted to childfree areas such as staff rooms. Staff should not enter child rooms with hot beverages.
- Power points must have protective shutters or be fitted with protective plugs.
- Electrical appliances must not be used in wet areas.
- Children should be taught to respect all electrical appliances by positive staff role modelling.
- Avoid water on floors. Any spillages should be mopped up immediately and without undue delay. Particular and close attention needs to be given to the bathroom area and lunch area during use periods.
- All children must remain seated whilst eating during mealtimes. Babies should be closely supervised by staff at all times when drinking from a bottle.
- Plastic bags are to be kept out of the reach of children and/or in locked cupboards.
- Safe toys are to be used considering the relevant age of the child. I.e. avoid small removable parts for infants, choose durable toys, avoid movable parts which may pinch the child, etc. All toys should be checked on regular basis to ensure they are in proper working order, and repair or discard any broken toys.
- All water play areas must be supervised by staff members at all times. Staff members should never leave buckets of water unattended.
- All equipment must be checked daily for:
 - Stability
 - Broken pieces
 - Insect, spider and / or snake infestation.
- All playground equipment must be checked for the following:
 - Provision of safety rails on platforms and equipment over 1.5 metres high
 - It should not be possible to fall from any structure onto an object below
 - Provision of clear landing places at the base of slides, etc.

ST. CATHERINE'S EARLY EDUCATION CENTRE

- Timber top edges should be rounded, and logs checked for splinters
- Ensure there are no projections on sliding surfaces
- Bolts should be counter-sunk
- Check all structures regularly for stability
- Check equipment for wear.
- Boards are to be cared for properly to avoid cracking,
- Provide stable and permanent barriers to prevent children running into the path of moving objects such as swings and/or other play equipment.
- Children must be supervised closely by staff members when using climbing equipment.
- All playground equipment must be used with consideration of the child's age and ability; e.g. it may be necessary to restrict younger children using certain climbing equipment.
- Refer to recent safety standards when purchasing equipment, e.g. the Choice Guild to Baby Products, and where Australian Safety Standards approved items are available, these must be purchased in preference to others.
- Display Emergency Exit procedures and complete practice drills on a quarterly basis.
- Ensure all centre fire extinguishers are reviewed annually
- Shock-absorbing surfaces should be implemented under play equipment.

Fall Zones *Soft fall material should be placed under and around play equipment higher than 500mm and should cover the fall zone, that is the area under and around the play equipment in which a child is likely to fall, generally 1.9m for 0-6 years (in supervised care) and 2.5m for older children. Consider the ages of ALL children using the equipment before deciding what size safe fall zone to use*

FAMILIES WILL:

- provide up to date medical and contact information in case of an emergency
- 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

ST. CATHERINE'S EARLY EDUCATION CENTRE

- Emerging Minds Community Trauma Toolkit
- Fever in children- ([health direct.gov.au](https://www.healthdirect.gov.au))
- Staying Healthy: *Preventing infectious diseases in early childhood education and care services*
- Recommended exclusion periods- Poster
- Stopping the spread of childhood infections (NSW Health)
- Minimum periods for exclusion from childcare services (Victoria)

Source

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

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, *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 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/first-aid>

The Sydney Children's Hospitals network (2020). <https://www.schn.health.nsw.gov.au/search/site?query=fever>

The following precautionary measures are to be implemented in the centre:

- All chemical, cleaning and other products and medications are to be kept in their original containers, and stored in cupboards not accessible to children. I.e. out of reach or with childproof locks.
- Proper medication procedures must be followed at all times.
- Children are never left alone and/or unsupervised on change tables, in baths, in high chairs, or eating alone.
- The temperature of hot water systems should be consistently set between 60 to 65 degrees Celsius.
- The drinking of any hot beverage is to be restricted to childfree areas such as staff rooms. Staff should not enter child rooms with hot beverages.

ST. CATHERINE'S EARLY EDUCATION CENTRE

- Power points must have protective shutters, or be fitted with protective plugs.
- Electrical appliances must not be used in wet areas.
- Children should be taught to respect all electrical appliances by positive staff role modelling.
- Avoid water on floors. Any spillages should be mopped up immediately and without undue delay. Particular and close attention needs to be given to the bathroom area and lunch area during use periods.
- All children must remain seated whilst eating during meal times. Babies should be closely supervised by staff at all times when drinking from a bottle.
- Plastic bags are to be kept out of the reach of children and/or in locked cupboards.
- Safe toys are to be used considering the relevant age of the child. I.e. avoid small removable parts for infants, choose durable toys, avoid movable parts which may pinch the child, etc. All toys should be checked on regular basis to ensure they are in proper working order, and repair or discard any broken toys.
- All water play areas must be supervised by staff members at all times. Staff members should never leave buckets of water unattended.
- All equipment must be checked daily for:
 - Stability
 - Broken pieces
 - Insect, spider and / or snake infestation.
- All playground equipment must be checked for the following:
 - Provision of safety rails on platforms and equipment over 1.5 metres high
 - It should not be possible to fall from any structure onto an object below
 - Provision of clear landing places at the base of slides, etc.
 - Timber top edges should be rounded, and logs checked for splinters
 - Ensure there are no projections on sliding surfaces
 - Bolts should be counter-sunk
 - Check all structures regularly for stability
 - Check equipment for wear.
- Boards are to be cared for properly to avoid cracking,
- Provide stable and permanent barriers to prevent children running into the path of moving objects such as swings and/or other play equipment.
- Children must be supervised closely by staff members when using climbing equipment.
- All playground equipment must be used with consideration of the child's age and ability; e.g. it may be necessary to restrict younger children using certain climbing equipment.
- Refer to recent safety standards when purchasing equipment, e.g. the Choice Guild to Baby Products, and where Australian Safety Standards approved items are available, these must be purchased in preference to others.
- Display Emergency Exit procedures and complete practice drills on a quarterly basis.
- Ensure all centre fire extinguishers are reviewed annually
- Shock-absorbing surfaces should be implemented under play equipment.

ST. CATHERINE'S EARLY EDUCATION CENTRE

Fall Zones Soft fall material should be placed under and around play equipment higher than 500mm and should cover the fall zone, that is the area under and around the play equipment in which a child is likely to fall, generally 1.9m for 0-6 years (in supervised care) and 2.5m for older children. Consider the ages of ALL children using the equipment before deciding what size safe fall zone to use

Administration of First Aid

If there is an accident, illness or injury requiring first aid, the following response procedure will be implemented:

- Educator or staff member notifies nominated supervisor and a first aid qualified educator of the incident, injury or trauma.
- Nominated supervisor or first aid qualified educator reviews child's medical information, medical management plan or medical risk minimisation plan displayed in the child's room before the first aid qualified educator attends to the injured or ill child or adult.
 - If the illness or incident involves asthma or anaphylaxis, an educator with approved asthma or anaphylaxis training will attend to the child or adult
 - The nominated supervisor and educators supervise and care for the children in the vicinity of the incident, illness or injury
- If required, the first aid qualified educator or nominated supervisor will call and co-ordinate an ambulance
- If required, the first aid qualified educator or nominated supervisor notifies the parent or authorised nominee that child requires medical attention from a medical practitioner
- If required, the educator or nominated supervisor will contact the parent or authorised nominee to collect the child from service
- Nominated supervisor ensures Incident, Injury, Trauma and Illness Record is completed in full and without delay and the parent or authorised nominee is notified as soon as possible and within 24 hours of the injury, illness or trauma.

Review

The policy will be reviewed regularly.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

Policy Reviewed	Modifications	Next Review Date
November 2016		May 2018
May 2018	Updated to meet the National Law and/or National Regulations in respect of a serious incidents and notification purposes. Updated the references to comply with the revised	June 2020

ST. CATHERINE'S EARLY EDUCATION CENTRE

	National Quality Standards. Merged Accident & Illness Prevention for Staff and Children Policy.	
Oct 2020	Changes made to wording and format throughout. Additional information related to Covid 19 added. references included to Sick Children and Hand Washing Policy. Additional resources and sources added.	Sep 2021
Sep 2021	Information related to administration of paracetamol added additional sections added for Head Injuries and Missing or unaccounted children edits to policy to reflect record keeping requirements Procedures included in policy currency of links/sources checked	June 2023
July 2023	Vaccination requirements for Covid 19 removed Reference to EYLF updated to v2.0 Updated information on managing the covid cases added Changed the name from control of infectious disease policy to dealing with infectious disease policy	July 2025
Dec 2024	Updated exclusion periods to 48 hours	July 2025

ST. CATHERINE'S EARLY EDUCATION CENTRE

PROCEDURE IN THE EVENT OF A SERIOUS INCIDENT, ILLNESS, INJURY OR TRAUMA

If an incident or injury occurs whilst a child is receiving education and care at our Service, the Nominated Supervisor or educator holding approved first aid training will administer First Aid and seek hospital transportation and treatment if required.

Incident or injury management

The Nominated Supervisor/first aid officer/educator will:

- ensure the safety of themselves and others- DRSABCD (Danger, Response, Send for Help, Airway, Breathing, CPR, Defibrillation)
- attend to the child immediately
- assess whether further medical attention is required (hospital or other medical assistance)
- contact Emergency Services for an ambulance on 000
- administer First Aid procedures
- ensure injured child is reassured
- if the illness or incident involves asthma or anaphylaxis, refer to the child's Medical Management Plan or Action Plan
- notify parent/s or nominated authorised person to inform them an ambulance has been called and request them to either:
 - come immediately to the Service premises or place of incident/injury or
 - meet the ambulance at the hospital
- remain with the child until the ambulance arrives
- ensure any medical conditions/history is readily available (eg: Emergency Action Plan for Asthma or Anaphylaxis)
- Action Plans should provide guidance of First Aid responses in an emergency as provided by the child's doctor and authorised by the child's parents
- as soon as practicable, document details on *Incident, Injury, Trauma and Illness Record*
- Notify Regulatory Authority of any serious incident within 24 hours

Calling an ambulance

Do not hesitate to contact an ambulance if you think emergency services are required.

If a child displays any of the following symptoms or suffers any of the following call 000:

- the child has experienced unconsciousness or an altered state of unconsciousness
- is experiencing difficulty breathing for any reason
- has difficulty breathing and has not responded to reliever inhaler medication (even if they are not diagnosed with Asthma)
- is showing signs of shock
- is experiencing severe bleeding, or is vomiting blood

ST. CATHERINE'S EARLY EDUCATION CENTRE

- has an injury to their head, neck or back
- could have broken bones
- has an extremely high temperature, with or without a rash
- has a temperature above **38°C** for an infant under 3 months old

Dial 000 and be prepared to answer the following:

- the address of where the ambulance is required and the closest cross street
- what the problem is
- how many people are injured
- the child/person's age
- the child/person's gender
- if the child/person is conscious and
- if the child/person is breathing

Emergency Response Procedures

Follow instructions as per the child's ASCIA Action Plans for children who are known to have asthma or allergies including anaphylaxis

- Administer adrenaline autoinjector or reliever inhaler medication (Ventolin) as instructed
- Contact an ambulance **immediately** for any incident involving anaphylaxis
- Contact an ambulance **immediately** for asthma emergencies if the child cannot breathe normally after following their Action Plan for asthma and receiving reliever inhaler medication or if their breathing become worse.

Head Injuries

All head injuries will be considered as serious and should be assessed by a doctor or the nearest hospital. The child must be closely observed until the parent or guardian collects the child from the educator- or they are transferred to hospital.

- if the child has suffered a head injury and is unconscious, they should not be moved unless there is immediate danger
 - Call for an Ambulance immediately
 - Monitor the airway and breathing until the arrival of an ambulance
 - If breathing stops or they have no pulse, begin CPR immediately