

INCIDENT, INJURY, TRAUMA AND ILLNESS

POLICY ADOPTED: 19 June 2018

Policy Objective:

- To provide incident, injury, trauma and illness policies and procedures to be followed by staff members and volunteers of Bland Children Services Unit in the event that a child is injured, becomes ill, or suffers trauma.
- To ensure that notification is given to the child's parent and relevant authorities within specified time frames.
- To ensure whilst encouraging children to explore, test their capabilities and develop their wellbeing staff will offer programs that provide a safe environment that reasonably protect children from potential harm.

Policy Statement:

Service stakeholders ensure appropriate action and documentation is undertaken in the event of an Incident, Injury, Trauma or Illness whilst children are being educated and cared for within the service.

Statutory Legislation and Considerations:

Education and Care Services National Regulations 2011: 12, 77, 85, 86, 87, 88, 89, 90, 92-96, 103, 136-137, 162, 168, 176(2) (a) (ii), 176(2) (b), 177, 181-184, 245 – 247.

Links to National Quality Standard: 2.1.2; 2.2.1; 2.2.3

Education and Care Services National Law Application Act 2010: 167, 174 (2)(a)

Definitions:

Incident - any unplanned event that may result in injury, harm, ill health or damage.

Accident - any unplanned event or incident that has caused an injury.

Injury - physical harm caused to a child.

Trauma - A body wound or shock caused by physical injury or an experience that produces psychological injury or pain.

Illness - when a child becomes sick or has an unhealthy condition.

Staff - refers to staff employed by Bland Shire Council Children Services Unit and Educators registered with Bland/Temora Family Day Care.

Responsibilities:

The Approved Provider will:

- Notify the Regulatory Authority via the National Quality Agenda IT System (NQAITS) of any serious incident at any Bland Shire Children Services Unit, the death of a child, or complaints alleging that the safety, health or well being of a child was, or is, being compromised.

The Nominated Supervisor will:

- Ensure that premises are kept clean and in good repair.
- Ensure that completed medication records are kept until the end of 3 years after the child's last attendance date.
- Ensure that children's enrolment forms provide authorisation for the service to seek emergency medical treatment by a medical practitioner, hospital or ambulance service.
- Ensure that a staff member who holds a current approved first aid qualification is present at all times that children are being educated and cared for by each service.
- Ensure that all staff are aware of the completion of appropriate records (Incident, Injury, Trauma and Illness Record) in the event of any incident, injury, trauma or illness to children whilst in care of the service, and this information is completed no later than 24 hours after the incident occurred.
- In the case of a serious incident, illness, injury or trauma, ensure that an Incident, Injury, Trauma and Illness Record is completed and is documented on the National Quality Agenda IT System (NQAITS) www.acecqa.gov.au/national-quality-agenda-IT-system. This must occur within 24 hours of the incident/illness.
- Ensure that completed Incident, Injury, Trauma and Illness Records are kept and stored confidentially until the child is 25 years of age.
- Report major incidents/accidents to Council Safety Officer for audit if medical attention has been sought.
- Give staff access to appropriate up to date information, or professional development on the management of incidents.
- Maintain and keep accessible records of the child's emergency contacts.
- Make certain that all staff are aware of their responsibilities ensuring that this occurs as part of staff induction to the service and that position descriptions reflect this responsibility.

Staff will:

- Implement appropriate first aid procedures in accordance with their training when required.
- Seek further medical attention for a child if required.
- Notify the parent/guardian immediately after an incident, injury, trauma or medical emergency, or as soon as is practicable.
- Request the parent/guardian (or Authorised Nominee if parent/guardian is non contactable) make arrangements for the child or children involved in the incident or medical emergency to be collected from the service, or informing parents/guardians if an ambulance has been called.
- Record details of any incident, injury, trauma and illness on the record as soon as practicable but completed no later than 24 hours after the incident occurred.
- Maintain appropriate work health and safety standards when attending to children's injuries and applying first aid.
- Be aware of the signs and symptoms of illness/trauma, and update their understanding as part of their ongoing professional development.
- Be aware of individual children's allergies and immunisation status and use this knowledge when attending/responding to any incident, injury or illness.
- Respond to children showing signs of illness and begin monitoring the symptoms of the child, and recording as appropriate. Staff will contact the child's parent to inform them of the illness signs, or to request the collection of the child.
- In response to a child registering a high temperature, follow procedures for temperatures (medical conditions), and complete the incident, trauma and illness record as required.
- Report to the Nominated Supervisor as required, all incident, injury, trauma and illnesses.
- Carry emergency contact details on all excursions.

Families will:

- Provide current emergency contact details and authority for staff to seek medical, dental or other emergency treatment if required.
- Ensure prompt collection of any child who becomes ill or injured whilst attending a service.

- Exclude their child from care if they have a fever over 38C, vomiting or diarrhoea in the previous 24 hours, children who have been sent home with any of these symptoms cannot attend the following day;
- Exclude children who have been medicated for a fever on the morning of contracted care;
- Exclude their child from care if the child has been prescribed a course of antibiotics, medication or anti-fungal medication. They will not be permitted to re-enter the service for at least 24 hours after commencing treatment so that the medication has time to take effect;
- Notify the Service within 24 hours, if their child has been exposed to, or is diagnosed with any communicable disease or infectious illness.

Recommended Practices:

Prevention Strategies

- Ensure that all children have opportunities to engage in experiences, ensuring that the spaces are safe.
- Consider the planning of the physical environment and experiences, ensuring that the spaces are safe.
- Thoughtfully group children to effectively manage supervision and any potential risks to children's health and wellbeing.
- Respond to children in a timely manner. Provide reassurance and ensure children's emotional and physical wellbeing is paramount at all times.
- Develop partnerships with families and use this understanding to guide the development of practice in relation to individual children's emerging capabilities.
- Regularly check that both indoor and outdoor equipment and furniture is well maintained and that any materials that may be hazardous are removed or repaired.
- Ensure that hazardous items are inaccessible to children.
- Be involved in the regular review of and discussions regarding policy and procedure and consider any improvements that need to be made to this policy.
- Review the cause of any incident, injury or illness and take appropriate action to remove the cause if reasonable.

Watching for and recording symptoms in children

Signs and symptoms that suggest that a young child may be quite ill and need urgent medical attention may include the following:

- High fever—a high fever in a young child can be a sign of infection, and needs to be investigated to find the cause. However, fever by itself is not necessarily an indicator of serious illness (see below for more details about fever).
- Drowsiness—the child is less alert than normal, making less eye contact, or is less interested in their surroundings.
- Lethargy and decreased activity—the child wants to lie down or be held rather than participate in any activity, even those activities that would normally be of interest.
- Breathing difficulty—this is an important sign. The child may be breathing very quickly or noisily, or be pale or blue around the mouth. The child may be working hard at breathing, with the muscles between the ribs being drawn in with each breath.
- Poor circulation—the child looks very pale, and their hands and feet feel cold or look blue.
- Poor feeding—the child has reduced appetite and drinks much less than usual. This is especially relevant for infants.
- Poor urine output—there are fewer wet nappies than usual; this is especially relevant for infants.

- Red or purple rash—non-specific rashes are common in viral infections; however, red or purple spots that do not turn white if pressed with a finger require urgent medical referral because the child could have meningococcal disease.
- A stiff neck or sensitivity to light—this may indicate meningitis, although it is possible for infants to have meningitis without these signs.
- Pain—a child may or may not tell you they are in pain. Facial expression is a good indicator of pain in small infants or children who do not talk. General irritability or reduced physical activity may also indicate pain in young children.

These clinical features cannot be relied on to say for certain that a child is seriously ill, nor does their absence rule out serious illness. The more of the above features that are seen, the more likely it is that the child may have a serious illness. Illness in infants and young children can progress very quickly. If there is any doubt, educators are to contact the parent/guardian and recommended that they seek medical advice without delay.

What to do if a child seems unwell

- Monitor a child who is observed as having symptom/s of illness.
- If the child is not well enough to participate in activities, or the child presents with symptoms which are considered infectious, educators are to contact their parent and request the child be collected. While waiting for the parent to arrive, keep the child away from the main group of children, if possible. After the child leaves, ensure that any equipment used by the child is cleaned before it is used again. Some infectious agents can persist on surfaces and may cause infection even if an object looks clean or is wiped clean
- In the event the child develops the following
 - vomiting, diarrhoea (watery bowel motion), loose stools (2+ motions in the day), fever (over 38C), severe/persistent or prolonged coughing, sore throat or difficulty swallowing, discharge from eyes, contact parents for collection of child;
- In the event a child experiences a febrile convulsion call an ambulance (000) immediately;

What to do if a child has a fever

- If the child is less than 3 months old and has a fever above 38 °C, contact the child's parent and ask them to take the child to a doctor.

If a child appears to display a fever:

- record the child's temperature with an appropriate child thermometer;
- if the child's temperature is 38C or over contact parents for collection;
- if the child appears flushed and the temperature is under 38C continue to monitor and record temperature every 5 minutes;
- attempt to cool the child - remove excess clothing, sponge with luke warm water, offer water or ice block;
- place child in a quiet, cool area with full supervision until collected by parent;
- complete relevant documentation;
- families will be encouraged to visit a doctor to find the cause of the temperature;
- if the child's temperature continues to elevate, remains constant and the child is in medical distress, including suffering from febrile convulsions, call an ambulance.

Documenting a child's illness

It is important that educators document a child's illness. Include information such as temperatures and the time the temperature was taken as well as any signs or symptoms the child may be showing. You will also need to complete the Incident, Injury, Trauma and Illness Record, when a

child is sick in care and give the completed report to the Nominated Supervisor as soon as possible.

If the illness is identified as a communicable disease, parents/guardians of other children that may have been in contact with the child will be advised as soon as practical.

The Nominated Supervisor is required to report any serious incident to the Regulatory Authority and/or Department of Health within 24 hours of becoming aware of the incident. This may include a child that requires medical attention from a Doctor or hospital.

References:

Australian Children’s Education and Care Quality Authority (2020) Guide to the National Quality Framework.

Education and Care Services National Law 2010

Education and Care Services National Regulations 2011

Appendices:

Incident, Injury, Trauma and illness Record

Medication Record

Authorisation:

Status	Committee	N/A	
	Manex	N/A	
Owner	Director of Corporate and Community Services		
EDRMS Doc. ID	427341		
Superceded Policy			
Date of Adoption/ Amendment	Revision Number	Minute Number	Review Date
20 November 2012	0		
17 June 2014	1	12062014	May 2016
19 June 2018	2		June 2020
9 March 2021	3		March 2022
Related Council Policy / Procedure			
Dealing with Infectious Diseases			
Administration of First Aid			
Medical Conditions			
Administration of Medication			